



State of California Secretary of State

LLC-5

File #

LIMITED LIABILITY COMPANY APPLICATION FOR REGISTRATION

FILED In the office of the Secretary of State of the State of California

JAN 17 2008

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name in Item 1 with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA
GAWKER TECHNOLOGY, LLC

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3 THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 03 - 18 - 05 IN NEW YORK
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS
Incorporating Services, Ltd.

5. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
CA

APPOINTMENT (The following statement is required by statute and should not be altered.)

6. IN THE EVENT THE ABOVE AGENT FOR SERVICE OF PROCESS RESIGNS AND IS NOT REPLACED, OR IF THE AGENT CANNOT BE FOUND OR SERVED WITH THE EXERCISE OF REASONABLE DILIGENCE, THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA IS HEREBY APPOINTED AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED LIABILITY COMPANY.

OFFICE ADDRESSES (Do not abbreviate the name of the city.)

7 ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
76 CROSBY STREET NEW YORK, NY 10012

8 ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

EXECUTION

9 I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED

JAN 16, 2008

DATE

Gabrielle Darbyshire
SIGNATURE OF AUTHORIZED PERSON

GABRIELLE DARBYSHIRE, MEMBER

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

State of New York
Department of State } **ss:**

I hereby certify, that GIZMODO, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/18/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GIZMODO, LLC, changing its name to GAWKER TECHNOLOGY, LLC, was filed 07/11/2005.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of January two
thousand and eight.*



Special Deputy Secretary of State

200801150414 102



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

SEP 18 2012

Date: _____ *NMT*

Debra Bowen
DEBRA BOWEN, Secretary of State



State of California Secretary of State

43

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

GAWKER TECHNOLOGY, LLC
200801910034

FILED
in the office of the Secretary of State
of the State of California

JUL 08 2009

A/Bcd/ee
This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200801910034

3. STATE OR PLACE OF ORGANIZATION

NEW YORK

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

76 CROSBY STREET

NEW YORK, NY

10012

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

CA

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NICK PENTON

76 CROSBY STREET

NEW YORK, NY

10012

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

GAWKER MEDIA LLC

76 CROSBY STREET

NEW YORK, NY

10012

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

INCORPORATING SERVICES, LTD. (C2892002)

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

CA

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

ONLINE MEDICA COMPANY

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

ALAN MILLER

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Alan Miller

SIGNATURE

AGENT

TITLE

7/7/2009

DATE



**State of California
Secretary of State**

**STATEMENT OF INFORMATION
(Limited Liability Company)**

33

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **LIMITED LIABILITY COMPANY NAME** (Please do not alter if name is preprinted.)

Gawker Technology LLC

FILED
In the office of the Secretary of State
of the State of California

FEB 03 2010

ec This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200801910034

3. STATE OR PLACE OF ORGANIZATION

New York

NO CHANGE STATEMENT

If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 13.

If there have been any changes to the information contained in the last Statement of Information filed, or no Statement of Information has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE
CA

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME ADDRESS CITY AND STATE ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME ADDRESS CITY AND STATE ZIP CODE

8. NAME ADDRESS CITY AND STATE ZIP CODE

9. NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Gabrielle Darbyshire

Gabrielle Darbyshire

COO

1/20/2010

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

SEP 18 2012

Date: _____ NAT

Debra Bowen
DEBRA BOWEN, Secretary of State



State of California Secretary of State

31 L

STATEMENT OF INFORMATION (Limited Liability Company)

FILED
In the office of the Secretary of State
of the State of California

JUL 17 2009

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted)

GAWKER ENTERTAINMENT, LLC
200802810002

MCC
This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2 SECRETARY OF STATE FILE NUMBER
200802810002

3 STATE OR PLACE OF ORGANIZATION
NEW YORK

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
720 14TH ST SACRAMENTO, CA 95814

5 CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6 NAME ADDRESS CITY AND STATE ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7 NAME ADDRESS CITY AND STATE ZIP CODE
NICK PENTON 76 CROSBY ST NEW YORK, NY 10012

8 NAME ADDRESS CITY AND STATE ZIP CODE
GAWKER MEDIA LLC 76 CROSBY ST NEW YORK, NY 10012

9 NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10 NAME OF AGENT FOR SERVICE OF PROCESS

INCORPORATING SERVICES, LTD. (C2892002)

11 ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA

TYPE OF BUSINESS

12 DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

ONLINE MEDIA COMPANY

13 THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

ALAN MILLER

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Alan Miller

SIGNATURE

AGENT

TITLE

7/7/2009

DATE



**State of California
Secretary of State**

L

12

**STATEMENT OF INFORMATION
(Limited Liability Company)**

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
in the office of the Secretary of State
of the State of California
FEB 17 2012

This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME

Gawker Entertainment, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
200802810002

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
New York

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	CITY	STATE CA	ZIP CODE

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
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Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS				
13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE CA	ZIP CODE	

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

1/31/2012

Gaby Darbyshire

COO

Gaby Darbyshire

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE



I hereby certify that the foregoing transcript of 7 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

SEP 18 2012

Date: _____ 2012

Debra Bowen
DEBRA BOWEN, Secretary of State



State of California
Secretary of State

LLC-5

File #

200802810002

LIMITED LIABILITY COMPANY
APPLICATION FOR REGISTRATION

FILED
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of the State of California

JAN 25 2008

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GAWKER ENTERTAINMENT, LLC

2 NAME OF THE FOREIGN LIMITED LIABILITY COMPANY IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3 THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON 04 - 26 - 05 IN NEW YORK
(MONTH) (DAY) (YEAR) (STATE OR COUNTRY)

AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY

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76 CROSBY STREET NEW YORK, NY 10012

8 ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA IF ANY CITY STATE ZIP CODE
CA

EXECUTION

9 I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT WHICH EXECUTION IS MY ACT AND DEED

JANUARY 25, 2008

DATE

Gabrielle Darbyshire
SIGNATURE OF AUTHORIZED PERSON

GABRIELLE DARBYSHERE, MEMBER

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

State of New York
Department of State } ss:

I hereby certify, that GAWKER ENTERTAINMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/26/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of January two
thousand and eight.*



Special Deputy Secretary of State

200801150412 102

200802810002

It is hereby certified that the following
person is duly qualified to practice as a
physician in the State of New York
and is entitled to a license therefor.

ALL IN WITNESS WHEREOF

THE COMMISSIONER OF HEALTH,
STATE OF NEW YORK,
DOES HEREBY CERTIFY.