

Filing Fee: \$100.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

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2010 AUG 16 PM 2:25

**LIMITED PARTNERSHIP**

**CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

AFRICAN HERITAGE MEDIA LP

(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

255 MAIN STREET, SUITE 501, PAWTUCKET, RI 02860

3. The name and address of the specified agent for service of process is ROSEMARY OSHO

(Name of Agent)

22 Broom Street

(Street Address, not P.O. Box)

PROVIDENCE

(City/Town)

, RI

02905

(Zip Code)

4. The name and business address of each general partner is:

General Partner

Business Address

MOSHOD ADEYANJU

255 MAIN STREET, SUITE 501

ROSEMARY OSHO

PAWTUCKET R.I. 02860

5. The mailing address for the limited partnership is 255 MAIN STREET SUITE 501

(Street Address)

PAWTUCKET

(City/Town)

R.I.

(State)

02860

(Zip Code)

**FILED**

**AUG 16 2010**

By

024546

6. Any other matters the partners determine to include herein:

N/A

(If additional space is required, please list on separate attachment.)

Date: 08/16/10

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

By M. Adams Adams

By R. [Signature] [Signature]

Signature(s) of all general partners named herein