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(Business Entity Name)				
(Document Number)				
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MRD



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 109 E 17TH STREET SUITE 25 CHEYENNE WY 82001	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence," or "Certificate of Good Standing" and check are submitted above referenced foreign corporation to transact business in Florida.	ness in Florida," to register the
Please return all correspondence concerning this matter to the following:	
RALPH JOHNSON	
Name of Person	
MEDIA ANCHOR INC	
Firm/Company	
109 E 17TH STREET SUITE 25	
Address	
CHEYENNE WY 82001	
City/State and Zip code	
Parilada de La calenda de Companya de Comp	
E-mail address: (to be used for future annual report notificat	non)
For further information concerning this matter, please call:	
RALPH JOHNSON at ()	
Name of Person at () Area Code & Daytime Telephone Nur	mber
·	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: MAILING ADDRES New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons
☑ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$8 Certificate of Status Certified Copy C	37.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MEDIA ANCH	HOR,INC.		
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORAT	ION,"
(If name unavai	lable in Florida, enter alternate corporate na	ame adopted for the purpose of transac	cting business in Florida)
2. WYOMING		3. 27-1281237	
	under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. 10/25/2007		5. PERPETUAL	
(Dat	e of incorporation)	(Duration: Year corp. will cease	e to exist or "perpetual")
6. 1050 CRYSTA	AL WAY K DELRAY BEACH FL 33444		
	(Date first transacted busine	es in Florida, if prior to registration) 7.1502, F.S., to determine penalty liab	pility)
7. 1050 CRYSTA	L WAY K DELRAY BEACH FL 33444		
	(Principal office	address)	
109 E 17TH S	TREET SUITE 25 CHEYENNE WY 820	01	
	(Current mailing	address)	
8. MARKETING			
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of	Florida)
9. Name and stree	et <u>address</u> of Florida registered agent: (P.O. Box NOT acceptable)	ARE S TY
Name:	RALPH JOHNSON		
Office Address:	1050 CRYSTAL WAY K		SSE M
	DELRAY BEACH	, Florida <u>33444</u>	E e C
	(City)	(Zip code)	ORUS 1.5
i A. Bogistaged a	mantin		D . The state of
	gent's acceptance: ied as registered agent and to accept se	rvice of process for the above stat	ed corporation at the place
lesignated in this	application, I hereby accept the appoi	ntment as registered agent and ag	ree to act in this capacity. I
	omply with the provisions of all statute with and accept the obligations of my		tete performance of my autte
	All a M		
	KAPA E ME	<u> </u>	
	(Registered agent's signatu	re)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or director		
A. DIRECTORS	France of France	
Chairman: RALPH JOHNSON		
Address: 1050 CRYSTAL WAY K	10 5A4 20 AM 8: 15	
DELRAY BEACH FL 33444	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: RALPH JOHNSON		
Address: 1050 CRYSTAL WAY K		
DELRAY BEACH FL 33444		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the ap	plication listing additional officers and/or directors.	
13. LAME JUL		
(Signature of Director or Officer listed	l in number 12 of the application)	
14 RALPH JOHNSON PRESIDENT		

(Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming



I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Media Anchor, Inc. is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on October 25, 2007, comply with all applicable requirements of this office. This entity has been assigned entity identification number 2007-000545203.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of January, 2010 at 8:35 AM.

