

**FOOOOOO 5462**

**TRANSMITTAL LETTER**

To: Registration Section  
Division of Corporations

SUBJECT: MAGNUM BROADCASTING, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to  
transact business in Florida.

700003405027--1  
-09/26/00--01091--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Please return all correspondence concerning this matter to the following:

MICHAEL M. STAPLEFORD  
(Name of Person)

MAGNUM BROADCASTING, INC.  
(Firm/Company)

449 PHILLIPS ST.  
(Address)

WARREN PA 16365  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

ANDREA STAPLEFORD at (814) 723-6718  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
00 SEP 26 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*mtw*  
*9/18/2*

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

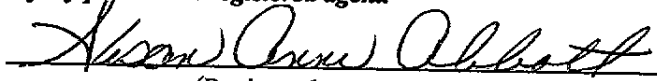
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. MAGNUM BROADCASTING, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. PENNSYLVANIA  
(State or country under the law of which it is incorporated)
3. 25-1682841  
(FEI number, if applicable)
4. MARCH 4, 1992  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. PO BOX 609 RUSSELL, PA 16345  
(Principal office address)
- b. 449 PHILLIPS ST. WARREN, PA 16365  
(Current mailing address)
8. RADIO BROADCASTING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: SUSAN ANNE ABBOTT  
Office Address: ROUTE 9 BOX 771-1 LITTLE ROAD  
LAKE CITY, Florida 32024  
(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

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.

FILED  
00 SEP 26 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors: . . .

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: KAREN EGGER

Address: 7749 W. DEAD CREEK RD.

BALDWINVILLE, NY 13027

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: MICHAEL M. STAPLEFORD

Address: 449 PHILLIPS ST.

WARREN, PA 16365

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: ANDREA L. STAPLEFORD

Address: 449 PHILLIPS ST.

WARREN, PA 16365

Treasurer: ANDREA L. STAPLEFORD

Address: 449 PHILLIPS ST.

WARREN, PA 16365

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Andrea L. Stapleford

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SECRETARY / TREASURER

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

FILED  
00 SEP 26 AM 9 27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 08, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MAGNUM BROADCASTING, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of the Office show, as of the date herein.

FILED  
00 SEP 26 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Kim Ditzgen*

Secretary of the Commonwealth

JSOW