# FOIODOOZIIZ

TO:	Registration Se Division of Cor				_		ESS.		
	511,0101 01 00.	-					至	APR	<u> </u>
SUBJ	ECT:	Staton					<u> </u>	<del></del>	
		(Name	of corpora	ation - m	ist include suffi	x)	H SI	PM	Ö
Dear S	Sir or Madam:						FLOF	<u>ج</u> ب	_
"Certi	nclosed "Applicat ficate of Existence sact business in I	tion by Foreign Coe", and check are Florida.	orporation : submitted	for Autho to registe	rization to Tran r the above refe	sact Busin renced fore	ess in Flor eign corpo	ida",> ration	
Please	return all corres	pondence concern	ing this ma	itter to the	following:				
		Ken W. Dav:	is						
			(Name	e of Perso	n) <u>r</u>	'CICICIO	0403	385	- 57!
		Ken W. Da	vis, At	ttorne		-04	/20/01-	010	01001
			(Firm/	Company	r)		*******	<del>() 111</del> 1	****87.50
		P.O. Box	37190						
			(A	ddress)		<del></del>			_
		Tallahass	ee, FL	32315	7190				
			(City/Sta	te and Zi	p code)				_
									9
For fu	rther information	concerning this n	ıatter, pleas	se call:			TO A TO A	2001 APR	DEPART VISION
Ke	n W. Davis		at (850	) 2	22-6026		E 25 ×	19	活品
	(Name of Perso	on)			& Daytime Telep	phone Nun	nberj = 1		
							755 755	P	OR ST
Regist Divisio 409 E. Tallah	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399	as V		Reg Divi P.O.	ILING ADDRESTRATION Section of Corporar Box 6327 ahassee, FL 323	tions	LING E	3: 07	TIONS
Enclos	sed is a check for	the following amo	ount:						
☐ \$70	0.00 Filing Fee	S78.75 Filing Certificate of			75 Filing Fee & ified Copy	C	7.50 Filing ertificate o	f Statu	s &

nx 4/19

## 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.

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	Broadcsting, Inc.				1.0 <b>9</b>	
	oration; must include the word "INCORPORA				ZC Z	-11
	viations of like import in language as will clear or partnership if not so contained in the name		s a corporation in	istead of a	F. 3	
			0505041		8.7. S	j c
2. Georgia	a ·	_358	-2585841		Mo.	- <u>2</u> 5
(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. Georgia  (State or country under the law of which it is incorporated)  4. 9-6-2000  5. Perpetual  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)						
4. 9-6-2000 5. Perpetual						ريب
	e of incorporation)	(Duration: Year	corp. will ceas	e to exist or	"perpetuat")	
6 Upon (	Qualification					
	acted business in Florida. If corporation has	not transacted busin	ess in Florida, in	sert "upon qu	alificat ion ")	
`	(SEE SECTIONS 607.1			<b>F</b> 1	,	
7. 2911 L	ong Avenue Port St. Joe	, Florida	32456			
	(Principal office	address)		· · · · · · · · · · · · · · · · · · ·		
P.O. B	ox 1005, Port St. Joe,	Florida 32	457			
	(Current mailing ad					-
8. Commerc	ial Radio Broadcasting					
	s) of corporation authorized in home state or	country to be carrie	d out in state of	Florida)		
9. Name and st	reet address of Florida registered age	nt: (PO Box or	Mail Drop Box	NOT acces	ntable)	
		(2.10.1501.01	nadi Diop Don	. <u>110 L</u> 4000)	juioi¢)	
Name:	Kevin A. Grice					
Office Address:	2911 Long Ave.					
Office Address.		<del></del> .				
	Port St. Joe. (City)	, Florida	32456	-		
	(City)		(Zip code)			
10 Registered	agent's acceptance:					
	agent's acceptance. med as registered agent and to accept s	ervice of process	for the above s	stated corno	ration at the	nlace
designated in the	is application, I hereby accept the appo	intment as regist	ered agent and	l agree to ac	t in this capa	city. I
further agree to	comply with the provisions of all status	tes relative to the	proper and co	mplete perfo	ormance of m	y
aunes, and I am	familiar with and accept the obligation	ns of my position	as registered a	gent.		
	. 1					
he left						
-	- Hillian Company			<u></u>		
	(Registered agent'	o orginature)				

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 directors:

A. DIRECTO	RS
Chairman: <u>Ce</u>	cil P. Staton, Jr.
Address: 63	16 Peake Road
Ma	con GA 31210
Vice Chairman:	102
Address:	
Director: Cec	il P. Station, Jr.
Address: 631	5 Peake Road
Mac	on GA 31210
Director:	
Address:	
B. OFFICERS	
	cil P. Staton, Jr.
	16 Peake Road
	con GA 31210
<del> </del>	
Addition.	
Secretary: Ceo	cil P. Staton, Jr., 6316 Peake Road
-	con, GA 31216
	therine D. Staton
	l6 Peake Road, Macon GA 31210
Addicss	
NOTE: If nece	ssary, you may attach an addendum to the application listing additional officers and/or directors.
13.	rie Path ()
Cecil	
14. <u>Presi</u>	(Typed or printed name and capacity of person signing application)

### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0039974 DATE INC/AUTH/FILED: 09/06/2000 JURISDICTION : GEORGIA

PRINT DATE : 04/16/2001

FORM NUMBER : 211

FILED PN 3: 21
Of APR 19 PN 3: 21
SECHELANASSEE, FLORIDA

STATON BROADCASTING, INC. CECIL STATON
6316 PEAKE RAOD
MACON, GA 31210 --

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

STATON BROADCASTING, INC. AcGEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above dame and has not filed articles of dissolution, certainized of Cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State