

F04000000209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

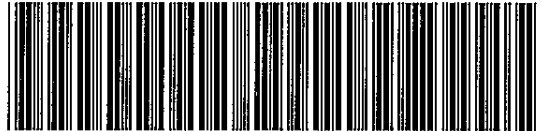
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700026301467

01/13/04 -01054--021 **70.00

FILED
04 JAN 13 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JAN 13 AM 10:48
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 392100 7389124

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
04 JAN 13 PM 2:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : January 12, 2004

ORDER TIME : 10:07 AM

ORDER NO. : 392100-010

CUSTOMER NO: 7389124

CUSTOMER: Ms. Connie Vaughn
Equity Broadcasting
Suite 400
1 Shackleford Drive
Little Rock, AR 72211

FOREIGN FILINGS

NAME: EBC PANAMA CITY, INC.

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

**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. EBC Panama City, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arkansas

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 12/04/03

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON FILING

(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. 1 Shackleford Drive, Suite 400 Little Rock AR 72211

(Principal office address)

1 Shackleford Drive, Suite 400 Little Rock, AR 72211

(Current mailing address)

8. Ownership of Television broadcasting license

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

(City)

, Florida **32301**

(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.

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

A. DIRECTORS

Chairman: Larry E. Morton

Address: 1 Shackleford Dr., Ste. 400 Little Rock AR 72211

Vice Chairman: Greg W. Fess

Address: 1 Shackleford Dr., Ste. 400 Little Rock, AR 72211

Director: Max W. Hooper

Address: 1 Shackleford Dr Ste. 400 Little Rock, AR 72211

Director: _____

Address: _____

B. OFFICERS

President: Greg W. Fess

Address: 1 Shackleford Dr Ste. 400

Little Rock AR 72211

Vice President: James Hearnberger

Address: 1 Shackleford Dr Ste. 400

Little Rock, AR 72211

Secretary: Lori Withrow / Assistant Secretary: Connie Vaughn

Address: 1 Shackleford Dr. Ste 400 Little Rock, AR 72211

Treasurer: Emilia Chastain

Address: 1 Shackleford Dr Ste. 400 Little Rock AR 72211

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

13. Connie Vaughn
(Signature of Director or Officer listed in number 12 of the application)

14. CONNIE VAUGHN, Asst. Secretary
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

EBC PANAMA CITY, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office December 4, 2003.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 5th day of January 2004.



Charlie Daniels
Secretary of State

Online Certificate Authorization Code: dec9f997f58fa70

To verify the Authorization Code, visit www.sosweb.state.ar.us

**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. **EBC Panama City, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Arkansas**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **12/04/03**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON FILING**

(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. **1 Shackleford Drive, Suite 400 Little Rock AR 72211**

(Principal office address)

1 Shackleford Drive, Suite 400 Little Rock, AR 72211

(Current mailing address)

8. **Ownership of Television broadcasting license**

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

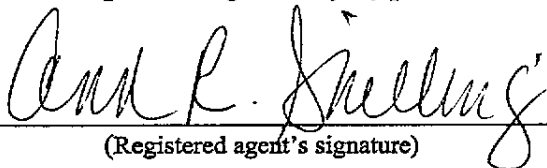
(City)

, Florida **32301**

(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.

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

A. DIRECTORS

Chairman: Larry E. Morton

Address: 1 Shackleford Dr., Ste. 400 Little Rock AR 72211

Vice Chairman: Greg W. Fess

Address: 1 Shackleford Dr., Ste. 400 Little Rock, AR 72211

Director: Max W. Hooper

Address: 1 Shackleford Dr Ste. 400 Little Rock, AR 72211

Director: _____

Address: _____

B. OFFICERS

President: Greg W. Fess

Address: 1 Shackleford Dr Ste. 400

Little Rock AR 72211

Vice President: James Hearnberger

Address: 1 Shackleford Dr Ste. 400

Little Rock, AR 72211

Secretary: Lori Withrow / Assistant Secretary: Connie Vaughn

Address: 1 Shackleford Dr. Ste 400 Little Rock, AR 72211

Treasurer: Emilia Chastain

Address: 1 Shackleford Dr Ste. 400 Little Rock AR 72211

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

13. Connie Vaughn
(Signature of Director or Officer listed in number 12 of the application)

14. Connie Vaughn, Asst Secretary
(Typed or printed name and capacity of person signing application)