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(Requestor's N	ame)
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PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certif	ficates of Status
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ALLAHASSEE FIRES DIVISION OF CORFORATION

THALLAHASSEE FIRES DIVISION OF CORFORATION

THALLAHASSEE FIRES DIVISION OF CORFORATION



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Attached are the forms and instructions to register a foreign not for profit corporation to conduct its affairs in Florida. The requirements are as follows:

- ➤ Pursuant to section 617.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- ➤ The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- ➤ Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the transmittal letter and send one check for the total amount made payable to the Florida Department of State.
- The transmittal letter should be completed and submitted along with the certificate, application and check. Both the mailing address and street address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Qualification/Tax Lien Section by calling (850) 487-6091 or writing Qualification/Tax Lien Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

TRANSMITTAL LETTER TO: Qualification/Registration Section Division of Corporations Name of Corporation) Dear Sir or Madam: The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida. Please return all correspondence concerning this matter to the following: (Name of Person) (City, State and Zip Code) For further information concerning this matter, please call: Area Code & Daytime Telephone Number STREET ADDRESS: **MAILING ADDRESS:** Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. P. O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314

□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

Certified Copy

Certificate of Status

Enclosed is a check for the following amount:

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

4	Marray Kristin	/	•			
i.	Name of corporation: must include the word "IN	CORPOR	RATED" or "	CORPORATION	ON" or words	
	(Name of corporation: must include the word "ID abbreviations of like import in language as will of	learly ind	icate that it is	s a corporation	instead of a n	atural
	person or partnership if not so contained in the na corporate suffix by a nonprofit corporation.)	ame at pre	esent. "Comp	any" or "Co."	may not be use	ed as a
	corporate sams by a nonprote corporation.)					
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٠.	(State or country under the law of which		(Fi	14/039. El number, if a	applicable)	
	it is incorporated)		_			
A	1 24.77	5	£ 121	0671A		
4.	(Date of Incorporation)		(Duration: \(\frac{1}{2}\)	ear corp. will	cease to exist	or
	(Date of Incorporation)		"perpetual"	}		V.
	~ 60				PG	
6.	(Date corporation first conducted Affairs in				도움 목	1 Ti
	(Date corporation first conducted Affairs in See sections 617.1501, 617.1502, and 817.	n Florida -	-			s T
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7	2828 RENINGTON GREEN	-1000	-//		河里	
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	TAMAHASSE, FL 82	500		 .	, De	ر لب
	(Current maning	g address)				
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	Land on Prancis	Z				
ð.	(Purpose(s) of corporation authorized in home sta	ate or cour	ntry to be car	ried out in the	state of Florid	a)
	(1 expose(3) or corporation authorized in none sa	0. 000	,			,
Q	Name and street address of Florida reg	vistered	agent:			
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	LANG ROWETS					
		(Name)				
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	ALCA 4 ALSGE		, Florida,	32308 (Zip		
	(City)		, , ,==	(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 addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President:____ Address: Secretary: Address:__ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(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

DOCKET NUMBER : 040700064
CONTROL NUMBER : H705613
DATE INC/AUTH/FILED: 06/24/1977
JURISDICTION : GEORGIA
PRINT DATE : 03/10/2004
FORM NUMBER : 211

MARANATHA BROADCASTING INC. LANE ROBERTS 4024 N. MONROE #31 TALLAHASSEE, FL 32303

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

MARANATHA BROADCASTING, INC. A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate 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 abovenamed entity as of the date issued. 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.



Ally Cop

Cathy Cox Secretary of State