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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
(Document Namber)
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SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 1, 2005

MIKE A. JOSEPH P.O. BOX 19085 LENEXA, KS 66285

SUBJECT: NEW COAST MEDIA, INC.

Ref. Number: W05000049372

We have received your document for NEW COAST MEDIA, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 005A00065657

Neysa Culligan Document Specialist

Division of Companytions D.O. DOV 6997 Tallahassas Florida 9991

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: New Coast Media, Inc. (Name of corporation - must include suffix)				
(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.				
Please return all correspondence concerning this matter to the following:				
(Name of Person)				
Mike A. Joseph (Name of Person) Florida Residente New Coast Media, 169: Ruilder Magazina (Firm/Company)				
(Firm/Company)				
Mail: PO Box 19085 Street: 8853 Hirhing C.				
Mail: PO Box 19085 Street: 8853 Hirning Co Cenexa, K5 66285 Cenexa, K5 66220				
(City/State and Zip code)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
(Name of Person) at (9/3) 888 - 50/8 (Area Code & Daytime Telephone Number)				
(Maine of Leison)/ (Maine Code de Dajamo Telephone Namesa)				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
☐ \$70.00 Filing Fee				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			TES, THE FOLLOWING IS . NESS IN THE STATE OF FL	
			DMPANY," "CORPORATION	
(Enter name of cor	poration; must include "INCO p," "Inc," "Co," or "Corp.")	PRPORATED," "CO	OMPANY," "CORPORATION	7 79
	· · · · · · · · · · · · · · · · · · ·	Residen	ed for the purpose of transacting	- Magazine
,				•
2. <u>KG</u>	4595	3	(FEI number, if appli	'0 ₹
(State or country un	der the law of which it is inco	orporated)	(FEI number, if appli	icable)
4	6/5002	5	nation: Year corp. will cease to	49/
(Date o	f incorporation)	(Du	ration: Year corp. will cease to	exist or "perpetual")
6	December,	400z		
	(Date first transaction) (SEE SECTIONS 607.	cted business in Flor 1501 & 607.1502, F	ida, if prior to registration) S., to determine penalty liabilit	y)
7 7				
/ <u>_</u>	(Princ	ipal office address)	,	7 00 (1
ΑO	Box 190	A.T	, Lenexa, KJ	66285
	(Curre	nt mailing address)		
8	Publishing			05 05
8(Purpose(s)	Publishing of corporation authorized in h	ome state or country	to be carried out in state of Flor	DIVISION NO.
	of corporation authorized in h			DIVISION OF NOV 2
9. Name and street Name:	address of Florida registere	d agent: (P.O. Bo	x NOT acceptable)	OS NOV 21 PK
9. Name and street Name:	address of Florida registere	d agent: (P.O. Bo	x NOT acceptable)	OS NOV 21 PM 4: 2
9. Name and street Name:	address of Florida registere	d agent: (P.O. Bo	x NOT acceptable)	OS NOV 21 PM 4: 21
9. Name and street Name:	address of Florida registere	d agent: (P.O. Bo		OS NOV 21 PM 4: 21
9. Name and street Name: Office Address: 10. Registered age Having been named designated in this a	address of Florida registere A A A A A A A A A A A A A A A A A A A	accept service of the appointment	NOT acceptable) Ve , Florida	WETARY OF STATE HOF CORPORATIONS NOT CORPORATIONS Corporation at the place e to act in this capacity. I
9. Name and street Name: Office Address: 10. Registered age Having been named designated in this a further agree to con	address of Florida registere A A A A A A A A A A A A A A A A A A A	accept service of the appointment of all statutes relative	NOT acceptable) Ye Florida (Zip code) The process for the above stated as registered agent and agree to the proper and complete.	WETARY OF STATE HOF CORPORATIONS NOT CORPORATIONS Corporation at the place e to act in this capacity. I
9. Name and street Name: Office Address: 10. Registered age Having been named designated in this a further agree to con	address of Florida registere A A A A A A A A A A A A A A A A A A A	accept service of the appointment of all statutes relative	NOT acceptable) Ye Florida (Zip code) The process for the above stated as registered agent and agree to the proper and complete.	WETARY OF STATE HOF CORPORATIONS NOT CORPORATIONS Corporation at the place e to act in this capacity. I

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:	Mike Voseph	=
Address:	An 60x 19085	
Vice Chairman:	/	
Director:		
Director:		
B. OFFICERS		
	Markey Jan	
President:	Mike Toseph	
Address:	DO 60x 19085	S VIET
	Lehera, KJ 66285	5 %
Vice President:		2 完集
Address:		<u>구</u> 공유
		- 5 REA
Secretary:		<u> </u>
Address:		
Treasurer:		
Address:		
NOTE: If necessar	ry, you may attach an addendum to the application listing additional officers and/or directly	ctors.
13	(Signature of Director or Officer listed in number 12 of the application)	
1.4	With I Joseph Axorial Xx	00
14	(Typed or printed name and capacity of person signing application)	

STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the State of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

NEW COAST MEDIA, INC.

is a regularly and properly organized corporation under the laws of the State of KANSAS, having been incorporated in Kansas on the 5th day of October, A.D. 2005 and has paid all fees due this office and is in good standing according to the records now on file in the office of Secretary of State.



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
15th day of November, A.D. 2005

RON THORNBURGH SECRETARY OF STATE