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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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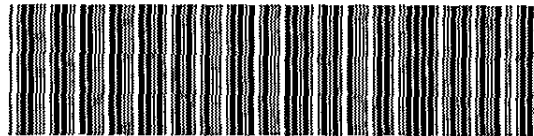
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J* 2/27/07

**COVER LETTER**

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**07 FEB 26 PM 2: 37**

**TO:** New Filing Section  
Division of Corporations

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**SUBJECT:** EBC Jacksonville, 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.

Please return all correspondence concerning this matter to the following:

Connie Vaughn

(Name of Person)

EBC Jacksonville, Inc.

(Firm/Company)

1 Shackelford Drive, Suite 400

(Address)

Little Rock, AR 72211

(City/State and Zip code)

For further information concerning this matter, please call:

Connie Vaughn

(Name of Person)

at ( 501 ) 219-2400

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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. EBC Jacksonville, Inc.

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

WUJF, Inc.

(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. 20-5617866

(FEI number, if applicable)

4. 9/27/06

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Shackleford Drive, Suite 400, Little Rock, AR 72211

(Principal office address)

(Current mailing address)

8. Television advertising sales

(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

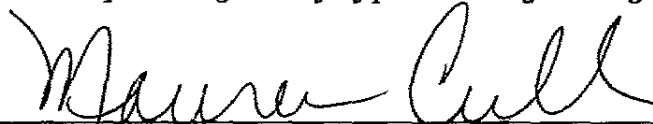
Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

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

Director: Gregory W. Fess

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

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

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

**B. OFFICERS**

President: Gregory 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

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

Treasurer: Emilia Chastain

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

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

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

14. Constance Vaughn  
(Typed or printed name and capacity of person signing application)

EBC Jacksonville, Inc.  
Additional officers

Glenn Charlesworth  
Chief Financial Officer  
1 Shackleford Dr., Ste. 400  
Little Rock, AR 72211

Constance Vaughn  
Assistant Secretary  
1 Shackleford Dr., Ste. 400  
Little Rock, AR 72211

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Arkansas Secretary of State  
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-  
1111

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 JACKSONVILLE, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 27, 2006.

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 30th day of January 2007.

*Charlie Daniels*

Charlie Daniels  
Secretary of State

Online Certificate Authorization Code: 86eedac215d9d2d

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)