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Florida Department of State
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Division of Corporations
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DEPARTMENT OF STATE
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FOREIGN PROFIT/NONPROFIT CORPORATION

LocalEdge Media, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

J. Shivers JAN 26 2009

**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. LocalEdge Media, Inc.

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

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

2. Delaware

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

3. 26-3961394

(FEI number, if applicable)

4. 12/31/2008

(Date of incorporation)

5. Perpetual

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

6. 01/01/2009

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

7. 300 West 57th Street, New York, NY 10019

(Principal office address)

same

(Current mailing address)

8. sells digital advertising solutions

(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: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

By: Chris McNeair

(Registered agent's signature)

Chris McNeair

Assistant Secretary

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.

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Jeff Folekemer

Address: 1945 Sheridan Drive

Buffalo, NY 14223

Vice President: John M. Condon

Address: 300 West 57th Street

New York, NY 10019

Secretary: Catherine A. Bostron

Address: 300 West 57th Street, New York, NY 10019

Treasurer: John M. Condon

Address: 300 West 57th Street, New York, NY 10019

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

13. Catherine A. Bostron

(Signature of Director or Officer listed in number 12 of the application)

14. Catherine A. Bostron, Secretary

(Typed or printed name and capacity of person signing application)

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**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|------------------------|
| 1 | Full Name: | David L. Kors |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Treasurer |
| | Director's Title: | |
| | Business Address: | 214 North Tryon Street |
| | City: | Charlotte |
| | State: | NC |
| | ZIP Code: | 28202 |
| 2 | Full Name: | Larry M. Loeb |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | 300 West 57th Street |
| | City: | New York |
| | State: | NY |
| | ZIP Code: | 10019 |
| 3 | Full Name: | Steven R. Swartz |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | 300 West 57th Street |
| | City: | New York |
| | State: | NY |
| | ZIP Code: | 10019 |
| 4 | Full Name: | Ronald J. Doerfler |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | 300 West 57th Street |
| | City: | New York |
| | State: | NY |
| | ZIP Code: | 10019 |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOCALEDGE MEDIA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4640321 8300

090064314

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7097594

DATE: 01-23-09