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Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Universal Syndican (Name of corporation | ons, Inc. |
| (Name of corporation | n - must include suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to reto transact business in Florida. | |
| Please return all correspondence concerning this matter | to the following: |
| Soca Polami | |
| Sara Polony (Name of | Person) |
| Wilversal Syndications (Firm/Cor | |
| (Firm/Cor | npany) |
| 3939 EVENNAD RANW (Address (Ad | |
| (Addre | ess) |
| Canton OH 44709 | |
| (City/State a | nd Zip code) |
| | |
| For further information concerning this matter, please c | |
| San Polony at (330) (Name of Person) (Area C | 244 8284 |
| (Name of Person) (Area (| Code & Daytime Telephone Number) |
| | |
| | |
| STREET ADDRESS: Registration Section | MAILING ADDRESS: Registration Section |
| Division of Corporations | Division of Corporations |
| 409 E. Gaines St. | P.O. Box 6327 |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: | |
| \$70.00 Filing Fee \$\square\$ \$78.75 Filing Fee \$\square\$ 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 |
|--|
| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FREGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. JUNIOUS A SUMMICATIONS MC. |
| 1. Universal Syndications, Inc. |
| (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION," OF STATE words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a LAHASSEE, FLORIDA natural person or partnership if not so contained in the name at present.) |
| 0/0 |
| 2. <u>UNIO</u> 3. <u>26-(65.3685</u> |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. 10/30/2002 5. <u>Perpetual</u> |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 6 |
| (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. 3939 Evernard Rd NW, canton Ott 44709 |
| (Principal office address) |
| san as above |
| Current mailing address) |
| 8. Seller of consumer goods |
| (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: Ed MeUCS |
| Office Address: 119 Washington Ave Suite 600 |
| Miuni Beach, Florida 33/39 |
| (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. |
| |

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: | D |
|---|----------|
| Chairman: | <u> </u> |
| SECRETARY OF TALLAHASSEE. F | STATE |
| Vice Chairman: | LORIDA |
| Address: | |
| Director: | |
| Address: | |
| Disease | |
| Director: | |
| | |
| B. OFFICERS | |
| President: MWK Storus | |
| Address: 3939 Evernard Rd NW, Carton OH 44709 | |
| Vice President: All A | |
| Address: | |
| | |
| Secretary: John AMStrong | |
| Address: 3939 Evernard Rd NW, Canton OH 44709 | |
| Treasurer: Ronald Wynnl | |
| Address: 3939 Everhard Pd NW, Canton OH 44709 | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director | ors. |
| 13. Konald Culm | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application | 1) |
| 14. Ronald Wynu, Traswer + CFO (Typed or printed name and capacity of person signing application) | |

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNIVERSAL SYNDICATIONS, INC., an Ohio corporation, Charter No. 1349086, having its principal location in Canton, County of Stark, was incorporated on October 30, 2002 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seaf of the Secretary of State at Columbus, Ohio this 3rd day of March, A.D. 2009

Ohio Secretary of State

Validation Number: V200962MDF8DE