# F09000005181

<u>'</u>
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

P 12: 53

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DEC 24 2009 D. A. WHITE

### **COVER LETTER**

FILED

TO: New Filing Section Division of Corporations	2009 DEC 23 P 12: 53			
SUBJECT: MESIA MANAGEMENT System  Name of corporation - must include suffix	MIALEA TARY OF STATE			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence," or "Certificate of Good Standing" and check are submabove referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
CLIFF JOHNSON				
Name of Person				
MEDIA MANAGEMENT SUSTEMS INC. Firm/Company				
Firm/Company				
POR 870027				
P08 870027 Address				
City/State and Zin code				
Of DA O CARTHOUNDED OF	1A			
Stone Moundain, GA 30087  City/State and Zip code  C/; If @ CARTHCHANNE(, Com  E-mail address: (to be used for future annual report notification)				
	\			
For further information concerning this matter, please call:				
Name of Person at (770) 979-8855  Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING AD  New Filing Section  Division of Corporations of Corporations  P.O. Box 6327  Tallahassee, FL	ction rporations			
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee	□ \$87.50 Filing Fee, Certificate of Status &			

Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

2009 DEC 23 P 12: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 16, 2009

CLIFF JOHNSON MEDIA MANAGEMENT SYSTEMS, INC PO BOX 870027 STONE MOUNTAIN, GA 30087

SUBJECT: MEDIA MANAGEMENT SYSTEMS, INC.

Ref. Number: W09000054418

We have received your document for MEDIA MANAGEMENT SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6933.

Dale White Regulatory Specialist II New Filing Section

Letter Number: 809A00038233



## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA EIGN CORPORATION TO TRANSAC	A STATUTES, THE	FOLLOWING IS SUBJUTTED FOR
1. MED! (Enter name of co			"CORPORATION" 12: 53
		me adopted for the r	SECRETARY OF STATE TALL AHASSEE. FLORIDA
	under the law of which it is incorporated)		<b>C</b>
4. <u>Z/17</u> (Date of	of incorporation)	5. PERFO	er corp. will cease to exist or "perpetual")
6	(Date first transacted busine	es in Florida, if prior	to registration)
	(SEE SECTIONS 607.1501 & 60	7.1502, F.S., to deter	mine penalty liability)
7. 1939	LAKE LUCERNE WAY	Ste 2000	, Lilbury, GA 30047
Pob 6	370027, Stove Ma (Current mailing	address)	CA 30087
8. Stren	of corporation authorized in home state of	ICES	
(Purpose(s)	of corporation authorized in home state of	r country to be carri	ed out in state of Florida)
9. Name and street	address of Florida registered agent: (	P.O. Box NOT ac	ceptable)
Name:	ROYCHASTEEN		
Office Address:	9200 LAWS RD Clermont (City)		
	CLERMONT	, Florida	34711
	(City)		(Zip code)
	ed as registered agent and to accept se		or the above stated corporation at the place

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:	FILED
Address:	
	2009 DEC 23 P 12: 53
Vice Chairman:	SECRETARY OF STATE TALLAHASSEE FLORIDA
Address:	1 COLLAND LONDON
7104055.	
Director:	
Address:	
Address:	
Director: VA	
Address:	
	_
B. OFFICERS	
President: CLIFFORD D. JOHNSON	
President: CLIFFORD D. JOHNSONT  Address: POB 870027	***
Stone MOUNTAIN GA 30087	
Vice President:	
Address:	
Secretary: CLIFFORD D. JOHNSON	
Address: POB 870027, Stone Mountains	FA 30087
Treasurer: CCIFFORD D. JOHNSON	
Address: Pob 870027, Stone Monitain, GA	30087
NOTE: If necessary, you may attach an addendum to the application listing add	
13. Signature of Director or Officer listed in number 12 of the	
, · · · · · · · · · · · · · · · · · · ·	<u> </u>
14. CLIFFORD D. JOHNSON F	
(Typed or printed name and capacity of person signing a	application)

# STATE OF GEORGIA

## Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

2001 DEC 23 P 12: 53
SECRETARY OF STATE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### MEDIA MANAGEMENT SYSTEMS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 02/17/1984 in Georgia. 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 above-named 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of December, 2009

Karen C Handel Secretary of State

Haun C. Handel