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(не	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone #	3)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)
(Do	cument Number)	-
Certified Copies	_ Certificates of	f Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	a Idiac a Obilian Reporteristing Copp.
SODJI	Name of corporation - must include suffix
Dear Si	or Madam:
"Certifi	osed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ate of Existence," or "Certificate of Good Standing" and check are submitted to register the ferenced foreign corporation to transact business in Florida.
Please r	turn all correspondence concerning this matter to the following:
	Kristine Phillips
	Name of Person
	Phillips Broadcasting
	Firm/Company 0
	KRISTINE Phillips Name of Person Phillips Broad casting Firm/Company PO BOX 3847
	Address
	St Augustine, Fla 32085 City/State and Zip code
	City/State and Zip code
	KRIS @ 1240 NEWS.Com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
Ke	Name of Person at (904) 687-3015 Area Code & Daytime Telephone Number 387 387
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations Tallahassee, FL 32314
Enclose	is a check for the following amount:
□ ^{\$70}	00 Filing Fee \$\frac{1}{2}\$78.75 Filing Fee & Certified Copy \$\frac{1}{2}\$87.50 Filing Fee, Certificate of Status & Certified Copy

APP&ICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO (EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1	Geddings & Phillips Broadcasting Corporation poration; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.")	
	Philips Broad casting ole in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
(If name unavailal	ele in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. No	2th Caroling 3. 22-3893278 Inder the law of which it is incorporated) (FEI number, if applicable)	
(State or country u		
4	fincorporation) 5. perpetua (Duration: Year corp. will cease to exist or "perpetual")	
(Date o		
6	4 2006	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	(
/ ·	(Principal office address)	
.56	7 Lewis Point Road Ext. St Augustine, F/A 320	3(
	(Current mailing address)	1
s. <u>Rac</u>	lio Station	
(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:	Kristine Phillips	
Office Address:	567 Lewis Pt Rd Ext.	Č.
	5t Augustine , Florida 32084	,
	(City) (Zip code)	
0. Registered age	nt's accentance:	
Having been named	as registered agent and to accept service of process for the above stated corporation arthe place	
	pplication, I hereby accept the appointment as registered agent and agree to act in this capacity. I uply with the provisions of all statutes relative to the proper and complete performance of my duties	,
and I am familiar w	ith and accept the obligations of my position as registered agent.	,
	Kintine Thelliffe	
	(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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: KRIStine Phillips	
Address: 567 Lewis Point Roo	id Ext
Address: 567 Lewis Point Roo St. Augustine, Flq	32086 \$ 50 \$
Vice President:	AR A
Address:	Constitution of the Consti
	max A
Secretary:	0.
Address:	是 22
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application l	isting additional officers and/or directors.
13. X Kretnie Phelips	
Signature of Director or Of The officer or director signing this document (and who is listed in number 1).	
are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S.	
Kristine Phillips	

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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

GEDDINGS & PHILLIPS BROADCASTING CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of January, 2003, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF JUSTE TALLAHASSEE, FI DOLLA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of October, 2011.



Secretary of State

Elaine & Marshall