

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Pax Number : (850)878-5368

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FOREIGN PROFIT/NONPROFIT CORPORATION Learfield Communications, Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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01/06/2012 10:01

COVER LETTER

SUBJECT:	LEARFIEI	D COMMUNICATIONS, INC.	
	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Exist	ication by Foreign Corporation ence," or "Certificate of Good reign corporation to transact bu	Standing" and check are submi	Business in Florids," tted to register the
Please return all cor	respondence concerning this m	atter to the following:	
	Name	e of Person	
	Finn/	Company	
	A	.ddress	<u></u>
	·		
	City/Sta	ate and Zip code	
	jheim@l	learfield.com	
	E-mail address: (to be u	sed for future annual report no	ification)
For further informat	ion concerning this matter, plea	ne call:	
	mron Bt (rea Code & Daytime Telephon	a Niverbar
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	COURIER ADDRESS:	MAILING AD	DRESS:
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FL019 - 03/03/2011 CT Filing Member Online

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. LEARFIELD COMMUNICATIONS, INC. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 90-0776492 (FEI number, if applicable) (State or country under the law of which it is incorporated) 4, 11/16/2011 5. Perpetual (Duration: Year corp. will cease to exist or "purpetual") (Date of incorporation) Upon Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7, 505 HOBBS RD, JEFFERSON CITY, MO 65109 (Principal office address) BRITIO (Current mailing address) 8. SEE ATTACHMENT (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) C T Corporation System Namo: Office Address: 1200 South Pine Island Road Plantation Florida <u>33324</u> (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

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: Kethering Lacks

(Registered agent's signature) Fatherine Lacksy - Asst. Sec.

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.

FL019 - 03/03/2011 C T Filling Martinet Online

 Names and business addresses of officers and/or directors 	
A. DIRECTORS SEE ATTACHMENT	≥
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Address:	**
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Vice Chairman:	And the state of t
Address:	
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Director:	•
Address:	
Director:	
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Address:	
B. OFFICERS SEE ATTACHMENT	
resident:	
Address:	
Vice President:	
Address:	
,	
Secretary: ALAN RESNIKOFF	
Address: 1100 GLENDON AVENUE, SUITE 1250, LOS ANGEL	ES, CA 90024
Preasurer:	
Address:	
NOTE: If necessary, you may attach an addention to the app	lication listing additional officers and/or directors.
13	
Signature of Direction of Direction of Direction of Direction of Direction signing this december (and who is listed	
are true and that he or she is aware that false information subm	
hird degree felony as provided for in s.817.155, F.S.	
	VIK, Vice President
(Typed or printed name and capacity	of person signing application)

FL019 - 03/03/2011 C 7 Pilling Manager Outer

Attachment to Florida Purpose Clause

To carry on business as owners and operators of broadcast network facilities and programs; to disseminate these programs through broadcast facilities; to solicit advertising to be included in the programs; to contract with local broadcast stations for broadcasting these programs; To engage in any commercial, industrial, and agricultural enterprise calculated or designed to be profitable to this corporation and in conformity with the laws of the State.

Officers & Directors

Full Name: GREG BROWN

Officer/Director: Officer.Director Officer's Title: CEO - PRESIDENT

Director's Title: Director

Business Address: 505 HOBBS RD City: JEFFERSON CITY

State: MO ZIP Code: 65109

Full Name: MARTY GAUSVIK

Officer/Director: Officer

Officer's Title:

CFO - SENIOR VP Director's Title:

Business Address: 505 HOBBS RD

City: JEFFERSON CITY State: MO

65109 ZIP Code:

Full Name: WILLIAM WYNPERLE

Officer/Director: Officer Director Officer's Title: **EXECUTIVE VP**

Director's Title: Director

Business Address: 1100 GLENDON AVENUE, SUITE 1250

City: LOS ANGELES

State: CA

ZIP Code: 90024

Full Name: ROGER GARDNER

Officer/Director: Officer

Officer's Title: **EXECUTIVE VP - BUSINESS**

DEVELOPMENT

Director's Title:

Business Address;

505 HOBBS RD JEFFERSON CITY

City:

MO

State: ZTP Code:

65109

5 Full Name:

ANDY RAWLINGS

Officer/Director:

Officer

Officer's Title:

EXECUTIVE VP

Director's Title:

Business Address:

2400 DALLAS PKWY, SUITE 500

City:

PLANO

State:

TX

ZIP Code:

75093

Full Name:

STAN KOENIGSFELD

Officer/Director:

Officer

Officer's Title:

EXECUTIVE VP

Director's Title:

Business Address:

505 HOBBS RD

City:

JEFFERSON CTTY

State:

MO

ZIP Code:

65109

Full Name:

ALAN RESNIKOFF

Officer/Director:

Officer, Director

Officer's Title: Director's Title: SECRETARY

Director

Business Address:

1100 GLENDON AVENUE, SUITE 1250

City:

LOS ANGELES

State:

CA 90024

ZIP Code:

STEPHEN ROYER

Full Name:

Director

Officer/Director. Officer's Title:

Director

Director's Title: Business Address:

1100 GLENDON AVENUE, SUITE 1250

City:

LOS ANGELES

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NOITARORACION

03/06/2012 10:01 8656336092

State:

ZIP Code:

CA

90024

SECRETARY OF STA

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CT CORPORATION PAGE 07/08

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LEARFIELD COMMUNICATIONS, 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 THIRD DAY OF JULY,
A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
12 JUL -6 PH 4: 25
SECRETARY OF SHATE
TALLAHASSEE, GT 38/15

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You may verify this certificate online at corb. deleware, gov/suthver. attml

Jeffrey W. Bullock, Secretary of State

DATE: 07-03-12

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