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Office Use Only



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## **COVER LETTER**

10;		on of Co	porations						
) SUBJI	TСT.	Athlon Sports Communications, Inc.							
SODO	ECI;	Name of corporation - must include suffix							
Dear S	ir or M	adam:							
"Certif	icate of	Existenc	ion by Foreign C e," or "Certificat n corporation to	te of Good St	an	Authorization to Transac ding" and check are sub as in Florida.	et Business in Florida," mitted to register the		
Please Mark L		all corresp	oondence concer	ning this mat	ter	to the following:			
				Name o	f F	erson	· · · · · · · · · · · · · · · · · · ·		
Crossli	n Certifi	ed Public	Accountants						
				Firm/Co	mj	pany			
3803 B	edford /	Avenue	,						
				Add	lre:	SS S			
Nashvil	lle, Teni	iessee 372	20						
				City/State	an	d Zip code			
mark.lo	oftis@cr	osslinpc.co	om						
			E-mail addres	ss: (to be used	l fo	or future annual report n	otification)		
For fur	ther inf	ormation	concerning this	matter, please	e ca	all:			
Mark I.	.oftis			615 at (		320-5500 x472	·		
	Name	of Perso	n	Area Co	de	Daytime Teleph	one Number		
	Regist Divisi Cliftor 2661 I	ration Se on of Cor 1 Buildin	porations S Center Circle	SS:		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Enclose	ed is a c	heck for	the following am	ount:					
<b>3</b> \$70.	.00 Fili	ng F <b>ee</b>	\$78.75 Filit Certificate		۵	\$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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Athlon Sports Communications, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc., " "Co., " "Corp, " "Inc, " "Co, " or "Corp.") Athlon Sports (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 62-0871680 Теплезѕее (FEI number, if applicable) (State or country under the law of which it is incorporated) 07/19/1972 Perpetual (Date of incorporation) (Date of duration, if other than perpetual) Sept. 6, 2016 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2451 Atrium Way, Nashville, TN 37214 (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Dave Barber Name: 10378 Quail Crown Drive Office Address: Naples Florida (City) (Zip code) 9. 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. Vave Barber 914698945DAE417

10. 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 Scoretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

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

•	ECTORS Spencer Hays			
	2451 Atrium Way, Nashville, TN 37214			
Address:				
Vice Chai	rman:			
Address:				
Director:	Charles Allen		<u></u>	<del></del>
Address:	2451 Atrium Way, Nashville, TN 37214			
Director:	Mary Vanderkooi	and the second		
Address:	2451 Atrium Way, Nashville, TN 37214	# P No.	HIL TH	
B. OFF	CERS		20 PM	· · ·
President:	Charles Allen	FLO	Ľ,	£
Address:	2451 Atrium Way		<u>හා</u> 03	
	Nashville, TN 37214			
Vice Presi	dent:			
Address:				
Secretary:	Mary Vanderkooi			
Address:	2451 Atrium Way, Nashville, TN 37214			
· Address: .		<u>``</u>		
NOTE:	If necessary, you may attach an addending to the application listing additional officers	and/or director	s.	
12	Thankavandution			
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departing gree felony as plovided for in s.817.155, F.S.			
· <u></u>	(Typed or printed name and capacity of person signing application)			



Secretary of State

# **Division of Business Services** Department of State

State of Tennessee 312 Rosa L, Parks AVE, 6th FL Nashville, TN 37243-1102

#### CROSSLIN CERTIFIED PUBLIC ACCOUNTANTS, PC

MARK LOFTIS

**STE 103** 

3803 BEDFORD AVENUE

NASHVILLE, TN 37215

Request Type: Certificate of Existence/Authorization

Request #:

0225849

Issuance Date: 01/12/2017

Copies Requested:

January 12, 2017

**Document Receipt** 

Receipt #: 003046887

Filing Fee:

\$20,00

Payment-Credit Card - State Payment Center - CC #: 3692412870

\$20.00

Regarding:

ATHLON SPORTS COMMUNICATIONS, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 07/19/1972

Status:

Active

Perpetual **Duration Term:** 

Business County: DAVIDSON COUNTY

Control #:

1966

Date Formed: 07/19/1972

Formation Locale: TENNESSEE

Inactive Date:

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### ATHLON SPORTS COMMUNICATIONS, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 020746218