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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 APR 12 AM 8:05

**FOREIGN PROFIT/NONPROFIT CORPORATION  
HUB CITY MEDIA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2017 APR 12 PM 12:28

APR 13 2017

**S. YOUNG**

Electronic Filing Menu

Corporate Filing Menu

Help

**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.*

HUB CITY MEDIA, INC

1. \_\_\_\_\_  
(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)  
NEW JERSEY N/A

2. \_\_\_\_\_ 3 \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)  
MAY 4, 1999

4. \_\_\_\_\_ 5 \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
N/A

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA Florida 33607  
(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.*



\_\_\_\_\_  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

17 APR 12 PM 8:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: PHILIPPE MONROUGIE

3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: PHILIPPE MONROUGIE

3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: PHILIPPE MONROUGIE

3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

Address: PHILIPPE MONROUGIE

Treasurer: 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors

12.  \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PHILIPPE MONROUGIE, PRESIDENT

17 APR 12 AM 8:05  
STATE DEPT OF FLORIDA  
TAMPA, FL 33607

4008809

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

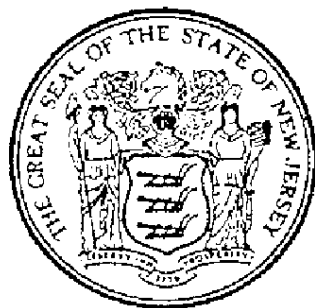
HUB CITY MEDIA, INC.  
0100780423

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 04, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

PHILLIPPE MONROUGIE  
1 CRAGWOOD RD  
SOUTH PLAINFIELD, NJ 07080



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
4th day of April, 2017

A handwritten signature in dark ink, appearing to read "Ford M. Scudder".

Ford M. Scudder  
Acting State Treasurer

17 APR 12 AM 8:05  
STATE DEPT OF TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
TALL MANOR, NJ 08648

Certificate Number : 6072837050

Verify this certificate online at

[http://www.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.asp](http://www.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.asp)