# F17000004809

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
name W17-82027

Office Use Only



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OCT 2: 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2017

COGENCY GLOBAL INC.

SUBJECT: GRACENOTE, INC. Ref. Number: W17000082027

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L170000195705.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 917A00020760

www.sunbiz.org

Division of Corporations P.O. ROY 6397 Tallahassaa Florida 39214



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: October 25, 2017	Account#: I20000000088
Name: Marisa Kugelmann	
Reference #: <b>F173234</b>	
Entity Name: NIELSEN GRACENOTE, INC.	
✓ Articles of Incorporation/Authorization to Transact Busine	ess
☐ Amendment	
Change of Agent	
☐ Reinstatement → Please ∧	etain original
☐ Conversion	le date*
☐ Merger	
☐ Dissolution/Withdrawal	ļ
☐ Fictitous Name	
Other	
A III I I I A A A A A A A A A A A A A A	
Authorized Amount: \$70.50 Signature: waw od #	ı

**- CORPORATE HQ** 

COGE NCY GLOBAL INC 10 E 40 - 51, 10 1 FL NY, NY 10016 800.221.0102 +1.212.947.7200 · EUROPEAN HO

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COGENCY GLOHAL (HK) HMITED AH DIG FOLGE ATTRICOVIAN INFINITUS PEAZA, 12 F QLOYD DES YOEUX RD CENTRAL HONG KONG (NG) 4852,3975,1803



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of corporation -	must include suffix
Dear Sir or Madam:	· ·
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	o the following:
Name of Po	erson
Firm/Comp.	any
Address	s
City/State and	d Zip code
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please cal	11:
at (	)
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

	Gracenote	<u> </u>
(Enter name of co. "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
	Nielsen Gracer	note, Inc.
(If name unavailat	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
•	Delaware 3.	<u>l</u>
	under the law of which it is incorporated)	(FEI number, if applicable)
	10/25/1999	
(Date o	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in	
	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty liability)
· <del></del>	85 Broad Street, New	
	(Ргіпсіра	d office address)
	(Compart mailing	address, if different)
	(Current maning	galidress, if different)
. Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	COGENCY GLOBAL INC.	
Office Address:	115 North Calhoun Street, Suite	4
	Tallahassee	Florida 32301
	(City)	, Florida(Zip code)
TD!-4		
. Registered agei <i>Iavino heen name</i>		e of process for the above stated corporation at the plac
esignated in this a	application, I hereby accept the appointm	ent as registered agent and agree to act in this capacity.
urther agree to co	mply with the provisions of all statutes re	lative to the proper and complete performance of my
unes, ana 1 am Ja	miliar with and accept the obligations of	my position as registered agent.
	$\Omega$	,
	Shela Cosol, A.	sst. Secy
· <del></del>	(Registered ag	gent's signature) U

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 Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

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

A. DIRECTORS	S 1		
Chairman:	Eric Dale		
Address:	85 Broad St, NY, NY 10004		
<del></del>			
Vice Chairman:			<u>-</u>
		<u> </u>	
Director:	Emily Epstein	·	
Address:	85 Broad St, NY, NY 10004	<u> </u>	
			<u> </u>
Director:	Bill Bradley	<u> </u>	
Address:	85 Broad St, NY, NY 10004	=	
	10.00	001	-11
B. OFFICERS		ت	1
President:	Eric Dale	一生	
Address:	85 Broad St, NY, NY 10004	جب 📋	1
			<u> </u>
Vice President:	Mark Borino		ī
Address:	85 Broad St. NY, NY 10004	<u> </u>	
		<u> </u>	
Secretary:	Emily Epstein	- <u> </u>	
Address:	85 Broad St, NY, NY 10004	<del> </del>	- <u>•</u>
Freasurer:	Bill Bradley		
Address:	85 Broad St, NY, NY 10004	_	
NOTE: If necessar	ary, you may attach an addendum to the application listing additional officers and/or dire	ectors.	1
12	MUNDO CO	<u> </u>	
are true and that h	Signature of Director or Officer ector signing this document (and who is listed in number 11 above) affirms that the facts the or she is aware that false information submitted in a document to the Department of Strony as provided for in s.817.155, F.S.	stated fate cons	nerein stitutes
13	Mark Borino, Vice President		
	(Typed or printed name and capacity of person signing application)		

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRACENOTE, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRACENOTE, INC."
WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 1999.

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

Authentication: 203396165

Date: 10-13-17

3115610 8300 SR# 20176613878