Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000052027 3)))



H190000520273ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION REPRISE MEDIA, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

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.

| 4. Reprise N                 | Media, Inc.   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |              |
|------------------------------|---|--|--------------|
| (Enter name of Inc.," "Co.," | corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION,"  |              |
|                              |   |  |              |
| (It name unavai              | lable in Florida, enter alternate corporate name                          | adopted for the purpose of transacting business in Florida)  |              |
| 2 DE                         | 3   | 30-0452639   |              |
| (State or coun               | try under the law of which it is incorporated)                            | (FEI number, if applicable)  |              |
| 4, 11/06/2003                | 3 5.  | (Date of duration, if other than perpetual)  |              |
|                              | te of incorporation)  | (Date of duration, if other than perpetual)  |              |
| 6, upon filing               |   |  |              |
|                              |   | n Florida, if prior to registration) 502, F.S., to determine penalty liability)                                  |              |
| 7 100 West 3                 | 33rd Street, New York NY 10001  |  |              |
| /, <u></u>                   |   | pal office address)  |              |
|                              |   |  |              |
|                              | (Current maili  | ng address, if different)  |              |
|                              |   | O. Box NOT acceptable)  C.   | ;            |
| 8. Name and str              | oct address of Florida registered agent: (P.                              | O. Box NOT acceptable)   | ; T          |
| Name:                        | Capitol Corporate Services, Inc   | <u>c.                                    </u>  | · =          |
| Office Address:              | 515 East Park Avenue 2nd Fl   |  | TICE OF      |
|                              | Tallahassee   | Florida 32301  |              |
|                              | (City)  | , Florida 32301  | ઝુ           |
| O Decistered a               | gent's acceptance:  | 9.   | <u>-</u>     |
| Having been na               | med as registered agent and to accept serv                                | vice of process for the above stated corporation at the p  | place        |
| designated in th             | is application, I hereby accept the appoint                               | tment as registered agent and agree to act in this capac<br>relative to the proper and complete performance of m | city. I<br>v |
| duties, and I am             | familiar with and accept the obligations of                               | of my position as registered agent.  | ,            |
|                              | V. X. 11.4  | Kim Tadlock, Asst. Secretary on be   | əhalf        |
|                              | Lim Tadlock   | of Capitol Corporate Services, Inc   |              |
|                              | (Registered   | l agent's signaturo)   |              |

## Kim Tadlock 8004323622

| 11. Names and business addresses of officers and/or directors:   |                      |               |
|--|----------------------|---------------|
| A. DIRECTORS   |                      |               |
| Chairmen:  |                      | <del></del>   |
| Address:   |                      |               |
|  | <del> </del>         | <del></del>   |
| Vice Chairman:   |                      | ·             |
| Address:   |                      | <del></del> . |
|  |                      | <del></del> - |
| Director: Andrew Bonzani   |                      |               |
| Address:909 Third Ave, New York, NY 10022  |                      |               |
|  |                      |               |
| Director:  |                      |               |
| Address:   |                      |               |
|  |                      | <del></del>   |
| B. OFFICERS  |                      |               |
| President: Tim Ringel  | ,,                   |               |
| Address: 100 West 33rd Street, New York NY 10001   |                      | <del></del>   |
|  |                      | <del></del>   |
| Vice President: Robert Dobson  |                      |               |
| Address: 909 Third Ave, New York, NY 10022   | A S                  | 9             |
|  | <u> </u>             | <del>-</del>  |
| Sceretary: Andrew Bonzani  | ŚŚ.                  | ့်ယု ၂        |
| Address: 909 Third Ave, New York, NY 10022   | me.                  | - P           |
| Treasurer: Ellen Johnson   | 9.5                  | . မှ          |
| Address: 909 Third Ave, New York, NY 10022   | Ş.                   | <del></del>   |
| NOTE: If necessary, you may attach an addendum to the application listing additional office.   | rs and/or director   | 3 <i>:</i>    |
| 12. Olugani  |                      | <u> </u>      |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms t   | that the facts state | d herein      |
| are true and that he or she is aware that false information submitted in a document to the Department and the comment to the Department to the Department and the comment to the Department to the Department and the comment to the Department and the Department and the Comment to the Department and the Department | artment of State c   | onstitutes    |
| a third degree felony as provided for in s.817.155, F.S.  13. Andrew Bonzani, VP & Secretary   |                      |               |
| (Typed or printed name and capacity of person signing application)   | <u></u>              | ·             |

## <u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "REPRISE MEDIA, 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 FEBRUARY, A.D.

2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REPRISE MEDIA, INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2003.

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

3724565 8300
SR# 20190975770
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202253758

Date: 02-13-19