# F2400000460

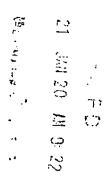
(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO: Regist Divisio	ration Sectio on of Corpor	n ations		
SUBJECT:				
Souther .	•	Name of corporatio	n - must include suffix	
Dear Sir or Ma	idam:			
"Certificate of	Existence."	by Foreign Corporation for or "Certificate of Good Sta orporation to transact busin	nding" and check are sub	
Please return a	II correspond	lence concerning this matte	er to the following:	
Karen Dynes				
		Name o	f Person	
MediaCo Holdi	ng Inc.			
·	···	Firm/Co	mpany	
40 Monument C	lirele, Suite 70	00		
· · · · · ·		Add	ress	
Indianapolis, IN	46204			
		City/State	and Zip code	<del></del>
kdynes@media	_			
		3-mail address: (to be used	for future annual report	notification)
For further inf	ormation cor	cerning this matter, please	call:	
Karen Dynes		317 at t	e Daytime Telephone Number	
Name	of Person	Area Co	de Daytime Telep	hone Number
Regist Divisi The C 2415 i	ration Sectio on of Corpor entre of Tall:	ations thassee rect, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
	eck payable to	following amount: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	T OF STATE  ■ \$78.75 Filing Fee & Certified Copy	S87.50 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.

MediaCo Hold	ing Inc.			
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	n	
(If name imavai	lable in Florida, enter alternate corporate name a	lopted for the purpose of transacting	business in F	 lorida)
2. lixliana	3.	34-212771		
	ry under the law of which it is incorporated)	(FEI number, if appl		<del></del>
··	5	(Date of duration, if other th	an perpetual)	
6. January 1, 2021				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		·)	
7.40 Monument Ci	rule, Suite 700 Indianapolis, IN 46204			
	(Principal office	street address)		
				-
1	(Current mailing	address, if different)		
8 Name and stree	et address of Florida registered agent: (P.O.	Box NOT accountable)		
Name:	Corporation Service Company	nov <u>(Not</u> acceptable)		
Office Address:	1201 Hays Street		_	
Ande Address.	Tallahassee		ř.	±. ₽3
	(City)	, Florida 32301 (Zip code)	:	/: 21
		(zip code)	£	,жн 20
Having been nam lesignated in this further agree to c	ent's acceptance:  ned as registered agent and to accept service  application, I hereby accept the appointme  omply with the provisions of all statutes rel-  with and accept the obligations of my posit	tit as registered agent and agree dive to the proper and complete	to act in this	ut the place s capacity. I
<u>Ē</u>	Corporation Service Corporation Service Corporation Service Corporation Service Corporation (Registered agent's sign	npany aurie Tolman - Ass aure)	<u>t.</u> Secy.	

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
□ Chairman	Name:	□ Chairman	Name: Mary Beth Riggio
☐ Vice Chairman		□Vice Chairman	Address: 40 Monument Circle, Suite 700
Director	Indianapolis, IN 46204	Director	Indianapolis, IN 46204
□President		□President	
□ Vice President		□Vice President	
☐ Secretary	OTreasurer	☐ Secretary	□Treasurer
■Other CEO	Other	□Other	Other
Chairman	Patrick M. Walsh	□ Chairman	Name:
□Vice Chairman	40 Monument Circle, Suite 700	□Vice Chairman	Address:
Director	Indianapolis, IN 46204	Director	Indianapolis, IN 46204
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□ Secretary	Treasurer
□Other	Other	□0ther	Other
□ Chairman	J. Scott Enright	☐ Chairman	Laura Lee Name:
□Vice Chairman	40 Monument Circle, Suite 700	□ Vice Chairman	40 Monument Circle, Suite 700 Address:
Director	Indianapolis, IN 46204	Director	Indianpolis, IN 46204
□President		□President	
■ Vice President		□Vice President	
■ Secretary	□Treasurer	Secretary	□Treasurer
□Other	□Other	Other	Other
Important Notice: individuals may be	Use an attachment to seport more than six (6). The at added to the index when filing your Florida Departs	nent of State Annual Re	d for reporting purposes only. Non-indexed eport form.
she is aware that he s.817.155, F.S.	ctor signing this document (and who is listed in numbries information submitted in a document to the Department, Director, EVP, Secretary	ber 11 above) affirms th	at the facts stated herein are true and that he or ness a third degree felony as provided for in

. . .

#### A. Directors (continued)

Deborah McDermott, Director 40 Monument Circle, Suite 700 Indianapolis, IN 46204

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### MEDIACO HOLDING INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 27, 2019, and was in existence or authorized to transact business in the State of Indiana on January 19, 2021.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 19, 2021

Corrie Lamson

CONNIE LAWSON
SECRETARY OF STATE

201906271331206 / 20211817992

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on February 18, 2021.