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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer.	
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## CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

		PICK	UP: <u>7/21 DANNY</u>
		CERTIFIED COPY	
	хх	РНОТОСОРУ	
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	хх	FILING	FOREIGN CORP
1.		PENSKE MEDIA CORPO (CORPORATE NAME AND DOCUME	
2.		(CORPORATE NAME AND DOCUME	ENT#)
3.		(CORPORATE NAME AND DOCUME	ENT#)
4.		(CORPORATE NAME AND DOCUME	ENT#)
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6.		(CORPORATE NAME AND DOCUME	ENT#)
SPI	ECIA	L INSTRUCTIONS:	

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Penske Media Corporation			
	of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Star	iding" and check are submitte	
Please return all correspondence concerns	ing this matte	r to the following:	
Todd Greene			
	Name of	Person	
Penske Media Corporation			
	Firm/Con	ıpany	
11175 Santa Monica Blvd.			
	Addr	ess	<del></del>
Los Angeles, CA, 90025			
	City/State a	nd Zip code	
legal@pmc.com			
E-mail address	s: (to be used)	for future annual report notific	cation)
For further information concerning this m	natter, please o	call:	
Todd Greene	at ( 310	321-5000	
Name of Person	Area Cod	e Daytime Telephone	Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ntions
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI  \$70.00 Filing Fee \$78.75 Filin  Certificate of	EPARTMENT g Fee & — []	_	\$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.

(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," · orp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION."
		C. L. Lincoldon
(If name unavail:		opted for the purpose of transacting business in Florida)
Delaware	3	0-2501010
(State or countr	under the law of which it is incorporated)	(FEI number, if applicable)
3/10/2005	. 5	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in F	florida, if prior to registration)
	ACCUS OF CITATIONS 407 1501 B 407 150	2. E.S., to determine penalty liability)
	(SEE SECTIONS 607.1301 & 607.130.	2. F.S., to determine penalty liability)
I 175 Santa Mor	ica Blvd., Los Angeles, CA, 90025	2. F.S., to determine penarty havingy
11175 Santa Mon		
11175 Santa Mon	ica Blvd Los Angeles, CA, 90025	
11175 Santa Mon	ica Blvd Los Angeles, CA, 90025  (Principal office	estreet address)
1†175 Santa Mor	ica Blvd Los Angeles, CA, 90025  (Principal office	estreet address)
	(Current mailing	estreet address)
Name and stre	(Principal office) (Current mailing) et address of Florida registered agent: (P.O.	address, if different)
	(Principal office)  (Current mailing)  et address of Florida registered agent: (P.O.  Registered Agent Solutions Inc.	address, if different)  Box NOT acceptable)
Name and stree	(Principal office) (Current mailing) et address of Florida registered agent: (P.O.	estreet address)
Name and stree	(Principal office)  (Current mailing)  et address of Florida registered agent: (P.O.  Registered Agent Solutions Inc.	address, if different)  Box NOT acceptable)

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.

Brendan Wangel, Asst. Secretary
(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 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.

#### . . . . . . A. DIRECTORS Jay Penske Todd Greene Chairman Name: □ Chairman 1175 Santa Monica Blvd. 1175 Santa Monica Blvd. □Vice Chairman Address: Address: \_\_\_ □ Vice Chairman Los Angeles, CA, 90025 Los Angeles, CA, 90025 ☐ Director □ Director ☐ President □ President □Vice President \_\_\_\_\_ ☐ Vice President ☐ Secretary □Treasurer □Treasurer ■ Secretary □Other \_\_\_\_\_\_ Other \_\_\_\_\_ Other Name: \_\_\_\_ Name: Ken delAlcazar □ Chairman ☐ Chairman 1175 Santa Monica Blvd. 1175 Santa Monica Blvd. □Vice Chairman Address: ☐ Vice Chairman Address: Los Angeles, CA, 90025 Los Angeles, CA, 90025 □ Director Director President ☐ President □Vice President \_\_\_\_\_ ■ Vice President ☐ Secretary Treasurer ☐ Secretary Treasurer □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other Other \_\_\_\_\_\_ Judith Margolin Name: ☐ Chairman □ Chairman Name: 475 Fifth Avenue □Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: New York, New York, 10017 □ Director Director □ President □President ■ Vice President \_\_\_\_\_ ☐ Vice President ■ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

, Todd Greene

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PENSKE MEDIA CORPORATION" 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 SEVENTEENTH DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PENSKE MEDIA"

CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2005.

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

Authentication: 203474897

Date: 06-17-21

3933309 8300 SR# 20212482454