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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

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 THE COLLEGE FOOTBALL NETWORK INC.

Certificate of Status	0
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Page Count	06
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Registration Section

TO:

To:

From: Sarah Ace

COVER LETTER

2022-09-16 11:55:14 PDT

Divisi	ion of Corp	orations						
erminer.	THE COLI	LEGE FOOTBALL	NETWORK	INC.				
Name of corporation - must include suffix								
Dear Sir or M	adam:							
"Certificate of	f Existence		of Good Star	iding)	orization to Transae " and check are subr Florida.			
Please return a	all correspo	ndence concernin	g this matte	r to th	e following:		~ · ·	
Cheyenne Mos	seley						2027	
			Name of	Perso	011			
Legalzoom.com	n, inc.						· 	
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Glendale, CA 9	91203						٠	
			City/State a	ind Zi	p code			
maxwell.r.carte	er@gmail.co	ım	·					
		E-mail address:	(to be used	for fu	ture annual report n	otific	ition)	
For further int	formation e	oncerning this ma	itter, please	eall:				
Cheyenne Mos	seley		800	, 7	73-0888			
Name	e of Person	·	Area Cod	le .	73-0888 Daytime Teleph	none l	Number	
Regis Divisi The C 2415	tration Section of Corp lentre of Ta	orations Illahassee Street, Suite 810	:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orpora	tions	
	eck payable	ne following amouto: FLORIDA DE \$78.75 Filing Certificate of	PARTMENT Fee & - I	■ \$78	STATE 3,75 Filing Fee & rtified Copy		\$87,50 Filing Fee, Certificate of Status & Certified Copy	

From: Sarah Ac

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.

THE COLLEGE	FOOTBALL NETWORK INC.		
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in	Florida)
2. Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 8/22/2022	5.		
(Date	of incorporation) 5.	(Date of duration, if other than perpetua	d)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Horida, if prior to registration) 2. F.S., to determine penalty liability)	
_ 1257 SW 9th Rd.	, Unit 206, Gainesville, Fl. 32601	-, · · · · · · · · · · · · · · · · · · ·	
<i>1</i>	(Principal office	street address)	
	(Current mailing	address, if different)	· ·+
	,	,	75
§. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	<u></u> 3;
Name:	United States Corporation Agents, Inc.		, F. H. 13
Office Address:	5575 S. Semoran Blvd., Suite 36	_	ن َ
	Oriando	Florida 32822	
	(City)	, Florida	
designated 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 rela- with and accept the obligations of my posit	nt as registered agent and agree to act in i ative to the proper and complete performa	this capacity. I
_	UM	Cheyenne Moseley, Asst Se USCA	c OBO
	(Registered agent's sign	nature)	

^{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				
☐ Chairman	Name: Maxwell Robert Carter	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	1257 SW 9th Rd., Unit 206	Director		
■President	Gainesville, FL 32601	President		
☐ Vice President		□Vice President		
Secretary	■ Treasurer	☐ Secretary		☐ Treasurer
Other	Other	□Other		□ Other
☐ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
President		☐ President		
□Vice President		□Vice President		
Secretary	☐ Treasurer	Secretary		☐Treasurer ~~
□Other	□Other	Other		□Other
□ Chairman	Name:	□ Chairman	Name:	5
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		··
□President		□President		
□Vice President		□Vice President	 	
Secretary	☐Treasurer	Secretary		☐ Treasurer
Other	Other	□Other		☐ Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Department	ment of State Annual Re	ed for reporting proport form.	ourposes only. Non-indexed
12.	Signature of Director	r or Officer		
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa bert Carter, President	ber 11 above) affirms th	nat the facts state utes a third degre	ed herein are true and that he or be felony as provided for in

Page: 3 of 6

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THE COLLEGE FOOTBALL NETWORK INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

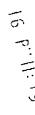
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE COLLEGE FOOTBALL NETWORK INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2022.

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





Authentication: 204346802

Date: 09-08-22

6986279 8300 SR# 20223476028