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#### **COVER LETTER**

	stration Section sion of Corporations					
SUBJECT	Townsquare Media, Inc.					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		f corporation	- must include suffix			
Dear Sir or I	Madam:					
"Certificate		of Good Stand		2000		
Please return	Please return all correspondence concerning this matter to the following:					
Lisa Darretta	Lisa Darretta					
-		Name of I				
Townsquare	Media, Inc.			171111		
		Firm/Com	nany	<del></del>		
1 Manhattany	ville Road, Suite 202			7		
<del></del>		Addre	SS			
Purchase, NY	10577					
	\ <u></u>	City/State ar	d Zip code	<del></del>		
lisa@townsq	uaremedia.com					
<del></del>	E-mail address:	(to be used for	or future annual report notification)			
For further i	nformation concerning this ma	atter, please ca	all:			
Lisa Darretta		at (	) 861-0923			
Na	me of Person	Area Code	Daytime Telephone Number			
Reg Div The 241	REET/COURIER ADDRESS istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	a check for the following amo check payable to: FLORIDA DE iling Fee	EPARTMENT g Fee & - [	OF STATE \$78.75 Filing Fee & \$87.50 Filing F Certified Copy Certificate of S Certified Copy	Status &		

### 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.

1.	Townsquare Me	dia, Inc.		
•		orporation; must include "fNCORPORATED," orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busine	ess in Florida)
2.	2. Delaware  (State or country under the law of which it is incorporated)		27-1996555	
			(FEI number, if applicable)	
4.	July 25, 2014	5.		
	(Date	of incorporation)	(Date of duration, if other than perpetual)	
6.	·			
	•	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
	1 Manhattanville	Road, Suite 202, Purchase, NY 10577	oz, c.u., to determine poliarly habitity)	
7,	7. (Principal office street address)			
		` '		(-;
		(Current mailin	g address, if different)	
8.	. Name and stree	et address of Florida registered agent: (P.O	. Box NOT_acceptable)	 ا ـــ
	Name:	Corporation Service Company		<i>L</i>
O	office Address:	1201 Hays Street		•
		Tallahassee	, Florida 32301	
		(City)	(Zip code)	

#### 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.

(Registered agant'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 Stuart Rosenstein Steven Price □ Chairman Name: ■ Chairman 1 Manhattanville Road, STE 202 1 Manhattanville Road, STE 202 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Purchase, NY 10577 Purchase, NY 10577 Director []Director **E**President □President □Vice President ■ Vice President □ Treasurer ☐Sccretary ☐ Treasurer □ Secretary ☐Other \_\_\_\_\_ □Other Other \_\_\_\_ Other \_\_\_\_ Claire Yenicay □ Chairman Name: \_\_\_\_\_ [] Chairman 1 Manhattanville Road, STE 20 ☐ Vice Chairman □Vice Chairman Address: \_\_\_\_\_\_\_\_\_ Address: Purchase, NY 10577 Director □ Director □ President ☐ President Vice President □Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary Other \_\_\_ Other \_\_\_\_ Chairman Name: □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □ President ☐ Vice President □ Vice President **Secretary** ☐ Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_\_ 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. Stuart Rosenstein, EVP & Chief Financial Officer

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TOWNSQUARE 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 ELEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOWNSQUARE MEDIA, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2010.

4793223 8300 SR# 20230103262 Authentication: 202477687

Date: 01-11-23

You may verify this certificate online at corp.delaware.gov/authver.shtml