

F9500000106Z

Document Number Only

C T CORPORATION SYSTEM  
Requestor's Name  
1311 Executive Center Drive, nte. 200  
Address  
Tallahassee, FL 32301 19041 656-0290  
City State Zip Phone

RECEIVED 11-11-85  
FBI  
FBI

CORPORATION(S) NAME

Salmon River Community, Inc.

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Mergers

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of H.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS / G/S

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

|                |
|----------------|
| Name           |
| Availability   |
| Document       |
| Examiner       |
| Updater        |
| Verifier       |
| Acknowledgment |
| W.P. Verifier  |

3/6/85

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

APPLICATION BY FOREIGN CORPORATION  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 807.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CALABASH 1 COMMUNICATIONS, INC.  
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Malawi  
(State or country under the law of which it is incorporated)

3. September 6, 1984  
(Date of incorporation)

4. Perpetual  
(Duration)

5. 39-2274932  
(Federal Employer Identification number, if applicable)

6. Upon qualification  
(Date first transacted business in Florida. See sections 807.1501, 807.1502, and 817.155, F.S.)

7. 345 Office Plaza Drive, Tallahassee, Florida 32301  
(Current mailing address)

8. Communications/Radio Station Ownership  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Adam Levinson

Address: 345 Office Plaza Drive

Tallahassee, Florida 32301

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**9. Officers:**

President: Adam Levinson  
Address: 345 Office Plaza Drive  
Tallahassee, Florida 32301

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Adam Levinson  
Address: 345 Office Plaza Drive  
Tallahassee, Florida 32301

Treasurer: Adam Levinson  
Address: 345 Office Plaza Drive  
Tallahassee, Florida 32301

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: C T Corporation System  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324  
Zip Code

**11. 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 agent's signature: \_\_\_\_\_  
C T Corporation System  
(Officer)  
\_\_\_\_\_  
(Typed Name and Title of Officer)

12. 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.

13. Adam Levinson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Adam Levinson, President  
(Name and capacity of person signing application)

State of Delaware  
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATAMOUNT I COMMUNICATIONS, 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 THIRD DAY OF MARCH, A.D. 1995.

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

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

1995  
MAR 13  
10 11 AM  
STATE OF DELAWARE



*Edward J. Freel*  
Edward J. Freel, Secretary of State

2431201 8300

950047690

7427171

03-03-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 AUG 29 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F9500000 1062

1. Corporation Name  
Catalant Communications Inc.

Principal Place of Business  
3000 Olson Rd.  
Tall., FL 32308

Mailing Address  
P.O. Box 13909  
Tall., FL 32317-3909

If above addresses are incorrect in any way, line through incorrect information and enter correction below

(DO NOT WRITE IN THIS SPACE)

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

State, Apt. #, etc.

State, Apt. #, etc.

5. F.E.I. Number

Applied For

City & State

City & State

6

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|--|-----------------------|
| Pres. Sec.  | Adam Levinson                        | 3473 Garden View Way   | Tall., FL 32308       |
|             |                                      |  | 300001936153          |
|             |                                      |  | -03/30/96--01002--004 |
|             |                                      |  | ****375.00 ****375.00 |
|             |                                      |  | 8/29/96               |
|             |                                      |  | REINSTATEMENT         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corp. System  
1200 S. Pine Island Rd.  
Plantation, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

8-29-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Adam Levinson

Adam Levinson

8-29-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE040 (12/95)