# To: Qualification/Tax Lien Section 2743

Division of Corporations	-
SUBJECT: Air Media, Inc.	
(Name of corp	oration - must include suffix)
Dear Sir or Madam:	5000028867757 -05/26/9901036001 *****87.50 *****87.50
The enclosed "Application by Foreign Corporatio "Certificate of Existence", and check are submitte transact business in Florida.	n for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation to
Please return all correspondence concerning this n	
David A. (Na	Copeland
(Na	me of Person)
Air Medi	a . Inc.
(Fir	m/Company)
10536 W	loodchase Circle 1 1 27
	(Address)
Orland, F	(Address)  L 32836-5278  ty/State/Zip)  7 1 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Ci	ty/State/Zip)
Should you need to call someone concerning this at (4)  (Name of Person)  at (4)	matter, please call:
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section	Qualification/Tax Lien Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	<i>,</i>
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

1.	Air Media, Inc.	
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	<b>-</b>
	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.)	
	Annual person of pulling in new or continue in the name of processin)	
2.	Georgia (State or country under the law of which it is incorporated)  3. 582213041 (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation)  5. "percetual" (Duration: Year corp. will cease to exist or "perpetual")	
6.	Air Media, Inc. HAS NOT COMMENCED ITS TRADE OR BUSINESS	
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	Air Media, Inc 10536 Woodchase Circle	
	Orlando FL 32836-5278	
	(Current mailing address)	
8.	Ruciness activity - ADVERTISING Product or socies - ADVEDTISIALS	
8.	Business activity - ADVERTISING Product or Service - ADVERTISING  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	- 100
	PEC 3	77
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	-
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:   David A. Copeland  10536 Weedshase Circle	
Of	fice Address: 10536 Wood chase Circle	0
	Orlando , Florida, 32836 - 5278 (Zip code)	1
	(Zip code)	

10. 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 by registered agent.

David A. Copeland (Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: David A. Copeland
Address: 10536 Woodchase Circle
Orlando, FL 32836 - 5278
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: David A. Copeland
Address: 10536 Woodchase Circle
Orlando FL 32836-5278
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, may attach an addendum to the application listing additional officers and/or directors.
Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. David A. Cope land - President  (Typed or printed name and capacity of person signing application)
(1 year or brutten tistue and capacity or person signing approauou)

## **Secretary of State**

Corporations Division 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

AIR MEDIA, INC. DAVID A. COPELAND 10536 WOODCHASE CIRCLE ORLANDO FL 32836 DOCKET NUMBER : K91271010 CONTROL NUMBER : K531201 DATE INC/AUTH/FILED: 10/26/1998

JURISDICTION

PRINT DATE

K531201 10/26/1995 GEORGIA 05/07/1999

FORM NUMBER : 211

SEVALUSSEE FLORIDA

### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### AIR MEDIA, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

CATHY COX 1

SECRETARY OF STATE

