

CSC **UNITED STATES CORPORATION** **COMPANY** **1000000000897**

ACCOUNT NO. : 072100000032

REFERENCE : 675734 7103124

AUTHORIZATION :

COST LIMIT :

Patricia Pizito
~~\$ 48.75~~ \$130

ORDER DATE : April 26, 2000

ORDER TIME : 9:31 AM

100003245431--5

ORDER NO. : 675734-005

CUSTOMER NO: 7103124

CUSTOMER: Mr. Ryon C. Terry
Dow Lohnes & Albertson
1200 New Hampshire Avenue, N.w
Suite 800
Washington, DC 20036-6802

W-11502

FOREIGN FILINGS

NAME: ATLANTIC SYNDICATION PARTNERS
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

W 5/9
FILED
00 MAY -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
00 MAY -2 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6p



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 2, 2000

CSC
ATTN: JANINE LAZZARINI

SUBJECT: ATLANTIC SYNDICATION PARTNERS LLC
Ref. Number: W00000011502

RESUBMIT
Please give original
submission date as file date.

We have received your document for ATLANTIC SYNDICATION PARTNERS LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being retained for the following:

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

ALSO, please indicate in section 11 what entity the signee is President of.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 200A00024250

FILED
00 MAY -2 PM 2:56

RECEIVED
00 MAY -9 PM 12:12
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Atlantic Syndication Partners LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 52-2233778
(FEI number, if applicable)
4. April 19, 2000
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 376 Interstate Ct.
Sarasota, FL 34240
(Street address of principal office)

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TALLAHASSEE, FLORIDA

8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:
See attached Exhibit A

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: The purpose or purposes of the limited liability company is to engage in any lawful act or activity for which LLCs may be organized under the Limited Liability Act of the State of Florida.

Kerry Slagle, President
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kerry Slagle, President
Typed or printed name of signee

Exhibit A:

The name and usual business addresses of the managing members or managers are as follows:

1. Editors Press Service, Inc.
376 Interstate Ct.
Sarasota, FL 34240
2. Tribune Media Services, Inc.
435 North Michigan Avenue
Suite 1500
Chicago, Illinois 60611
3. Universal Press Syndicate
4520 Main Street, 7th Floor
Kansas City, MO 64111

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TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Atlantic Syndication Partners LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

1201 Hays Street

Florida street address (P.O. Box NOT ACCEPTABLE)


Tallahassee

FL

32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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TALLAHASSEE FLORIDA

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLANTIC SYNDICATION PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
00 MAY -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3215407 8300

001200969



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

0393440

AUTHENTICATION:

DATE:

04-20-00