

# P95000019440

Akerman  
 (Requestor's Name)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City, State, Zip) 222-3471  
 (Phone #)

900001425469  
 -03/09/95--01081--005  
 \*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- Marcoa Publishing Jacksonville, Inc.  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)

95 MAR -9 11 32  
 FILED  
 SECRET  
 INTL

- Walk in   
  Pick up time 3:00 pm   
  Certified Copy  
 Mail out   
 Will wait   
 Photocopy   
 Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/> Profit	
<input type="checkbox"/> NonProfit	
<input type="checkbox"/> Limited Liability	
<input type="checkbox"/> Domestication	
<input type="checkbox"/> Other	

AMENDMENTS	
<input type="checkbox"/> Amendment	
<input type="checkbox"/> Resignation of R.A., Officer/Director	
<input type="checkbox"/> Change of Registered Agent	
<input type="checkbox"/> Dissolution/Withdrawal	
<input type="checkbox"/> Merger	

OTHER FILINGS	
<input type="checkbox"/> Annual Report	
<input type="checkbox"/> Fictitious Name	
<input type="checkbox"/> Name Reservation	

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/> Foreign	
<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Trademark	

W 95-5303  
 Mett  
 3-9-95

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 9, 1995

AKERMAN

TALLAHASSEE, FL

SUBJECT: MARCOA PUBLISHING JACKSONVILLE, INC.  
Ref. Number: W95000005303

We have received your document for MARCOA PUBLISHING JACKSONVILLE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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 (904) 487-6903.

Nancy Hendricks  
Corporate Specialist

Letter Number: 895A00010665

ARTICLES OF INCORPORATION  
OF  
MARCOA PUBLISHING JACKSONVILLE, INC.

FILED  
95 MAR -9 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE

Article I - Name

The name of the Corporation is MARCOA PUBLISHING JACKSONVILLE, INC.

Article II - Principal Office

The street address for the principal officer of this Corporation is 5960 Cornerstone Court, West, San Diego, California and the mailing address for the Corporation is Post Office Box 85999, San Diego, California 92186-5999.

Article III - Duration

The Corporation shall have perpetual existence.

Article IV - Purpose

This Corporation may engage in any activity or business permitted under the laws of the United States, laws of the State of Florida, and/or laws of any state within which it may be entitled to transact or engage in business.

Article V - Capital Stock

This Corporation is authorized to issue ten thousand (10,000) shares of one dollar (\$1.00) par value stock.

Article VI - Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 100 S Ashley St 1500, Tampa Florida 33602 and the name of the initial registered agent of this Corporation is

Aileen S. Davis

**Article VII - Directors**

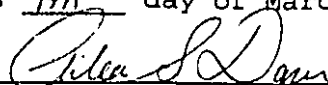
The number of Directors of this Corporation shall be not less than one nor more than seven. The names and post office addresses of the members of the first Board of Directors of this Corporation who shall hold office for the first year of this existence of this Corporation or until their successors are elected and qualified, unless otherwise provided by the By-Laws are:

Michael J. Martella  
5960 Cornerstone Court, West  
San Diego, California 92121-3711

**Article VIII - Incorporator**

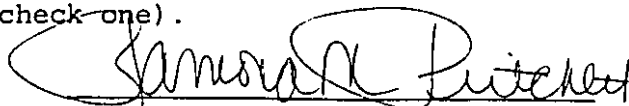
The name and address of the Incorporator of this Corporation is: Aileen S. Davis, 100 South Ashley Drive, Suite 1500, Tampa, Florida 33602.

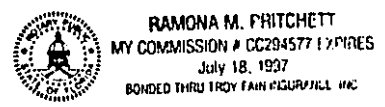
IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 7th day of March, 1995.

  
\_\_\_\_\_  
Aileen S. Davis,  
As Incorporator

STATE OF FLORIDA            )  
COUNTY OF HILLSBOROUGH )

The foregoing instrument was acknowledged before me this 7th day of March, 1995 by Aileen S. Davis,  who is personally known to me or  who has provided a driver's license as identification and who has not taken an oath (check one).

  
\_\_\_\_\_  
(Signature)  
Ramona M. Pritchett  
\_\_\_\_\_  
(Type or Print Name)  
Notary Public  
My Commission Expires:  
My Commission Number is:



**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept service of process for the above-stated Corporation, at the place designated in the Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of the Act relative to keeping open said office.

By: *Aileen S. Davis*  
**Aileen S. Davis,**  
As Registered Agent

W:\ATTY\ASD\CLIENTS\MARCOA\ARTICLES.

FILED  
SS MAR -9 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPROVED AND FILED  
1996 SEP 27 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000019440

1. Corporation Name  
MARCOA PUBLISHING JACKSONVILLE, INC.

Principal Place of Business: 5980 CORNERSTONE CT. WEST SAN DIEGO CA  
Mailing Address: P.O. BOX 509100 SAN DIEGO CA 92150-9100



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/09/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3304401	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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
D	MARTELLA, MICHAEL J	5980 CORNERSTONE CT. WEST	SAN DIEGO CA
			600001982216 -10/02/96--01005--034 *****8.75--*****8.75
			REINSTATEMENT <i>applicable</i>
			600001982216 -10/02/96--01005--035 *****8.75--*****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DAVIS, AILEEN S 100 S. ASHLEY DR. SUITE 1500 TAMPA FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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: *Aileen S. Davis* REGISTERED AGENT MUST SIGN Date: 9-26-96

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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: *Michael J. Martella* Date: 9-25-96 Daytime Phone #: 552-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR6040 (7/95)