Partir of Color of Co

Atlantic Coast Media, Inc.

(Proposed corporate name - must include suffix)

SUBJECT: _

	(Freposed curporate	!	900001957939 -03/26/9601061010 ******78.75 *****78.75
Enclosed is an ori	ginal and one (1) o	copy of the articles of incorporation	and a check
for : \$\begin{align*} & \phi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	478.75 Filing Fee & Certificate	Filing Fee Filing Fee, Certified Copy & Certificate Additional Copy Required	P 26 P
FRO		id L, 130 yd	PH 4: 23 OF STATE E FLORIDA
	3720 1	1W 43Pd St., Suite 10	74
		Address	
	Gain	esville, FL 32606	
	-	City, State & Zip	
	(352	372-4427	
	Devtir	me Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

ATLANTIC COAST MEDIA, INC.

ARTICLE II PRINCIPAL OFFICE

3720 NW 43RD STREET SUITE 104 GAINESVILLE, FLORIDA 32606 96 SEP 26 PH 4: 23
SECHETARY OF STATE
TALLAHASSEE FLORING

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name of the initial registered agent is:

Donald L. Boyd 3720 NW 43rd Street Suite 104 B Gainesville, FL 32606

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Donald L. Boyd 3720 NW 43rd Street Suite 104 B Gainesville, FL 32606

The undersigned incorporator has executed these Articles of Incorporation this 23 day of September, 1976.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Atlantic Coast Medic	2, ±1C,
2.	The name and address of the registe	ered agent and office is:	
		Id L. Boyd, Prosident	
	3720 //4 (P.O. Box	X V3Rd S:+Pee+ Su; He 10 X OF Mail Drop Box NOT ACCEPTABLE)	SSEP 26
		(CITY/STATE/ZIP)	PH 4: 2:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(SIGNATURE) PRES- dent 9/23/96