

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

03-26-2008 90001 020 ***250.00

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Carroll McKenney
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
P. O. Box 620070

Mailing Address of Business
Oviedo, Florida 32762
 City State Zip Code

3. Florida County of principal place of business: _____
Seminole
 (see instructions if more than one county)

FILED
08 APR 11 PM 1:02

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

GD8102900017
03/26/08--90001--020 **250.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last _____ First _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

2. Last _____ First _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Carroll McKenney Foundation for Public Media,
 Entity Name Incorporated
P. O. Box 620070
 Address _____
Oviedo, Florida 32762
 City State Zip Code
 Florida Registration Number N08000000201
 FEI Number: 26-1812829
 Applied for Not Applicable

2. Entity Name _____
 Address _____
 City State Zip Code
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 3/18/08
 Signature of Owner Date

Phone Number: 407-366-5929

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

 Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Carroll McKenney Media
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
P. O. Box 620070

Mailing Address of Business
Oviedo, Florida 32762
City State Zip Code

3. Florida County of principal place of business: _____
Seminole
(see instructions if more than one county)

FILED

08 MAY 16 PM 4:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

G08137900053
 03/26/08--90001--020 **250.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____ <small>Last First M.I.</small> _____ <small>Address</small> _____ <small>City State Zip Code</small>	2. _____ <small>Last First M.I.</small> _____ <small>Address</small> _____ <small>City State Zip Code</small>
------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. <u>Carroll McKenney Foundation for Public Media,</u> <small>Entity Name</small> <u>Incorporated</u> <u>P. O. Box 620070</u> <small>Address</small> <u>Oviedo, Florida 32762</u> <small>City State Zip Code</small> Florida Registration Number <u>N08000000201</u> FEI Number: <u>26-1812829</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ <small>Entity Name</small> _____ <small>Address</small> _____ <small>City State Zip Code</small> Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 3/15/08
Signature of Owner Date

Phone Number: 407-366-5929

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date

Mark the applicable boxes Certificate of Status -- \$10 Certified Copy -- \$35

NON-REFUNDABLE PROCESSING FEE: \$50

[Signature]
 CR4E001 (11/03)

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Carroll McKenney Public Media
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
P. O. Box 620070

Mailing Address of Business
Oviedo, Florida 32762
City State Zip Code

3. Florida County of principal place of business: _____
Seminole
(see instructions if more than one county)

FILED

08 MAY 16 PM 4:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

G08137900052
 03/26/08--90001--020 **250.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____ <small>Last First M.I.</small> _____ <small>Address</small> _____ <small>City State Zip Code</small>	2. _____ <small>Last First M.I.</small> _____ <small>Address</small> _____ <small>City State Zip Code</small>
------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. <u>Carroll McKenney Foundation for Public Media,</u> <small>Entity Name</small> <u>Incorporated</u> <u>P. O. Box 620070</u> <small>Address</small> <u>Oviedo, Florida 32762</u> <small>City State Zip Code</small> <u>Florida Registration Number N08000000201</u> <u>FEI Number: 26-1812829</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ <small>Entity Name</small> _____ <small>Address</small> _____ <small>City State Zip Code</small> <u>Florida Registration Number</u> <u>FEI Number:</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 3/18/08
Signature of Owner Date

Phone Number: 407-366-5929

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50

[Signature]
 STATE SECRETARY (11/03)

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Carroll McKenney Foundation
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
P. O. Box 620070

Mailing Address of Business
Oviedo, Florida 32762
 City State Zip Code

3. Florida County of principal place of business: _____
Seminole
 (see instructions if more than one county)

FILED

08 MAY 16 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G08137900054
03/26/08--90001--020 **250.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Carroll McKenney Foundation for Public Media, Incorporated
 Entity Name
P. O. Box 620070
 Address
Oviedo, Florida 32762
 City State Zip Code
N08000000201
 Florida Registration Number
26-1812829
 FEI Number: Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Adam M. Jack CSO 3/16/08
 Signature of Owner Date Signature of Owner Date
 Phone Number: 407-366-5929 Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. CMF
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
P. O. Box 620070

Mailing Address of Business
Oviedo, Florida 32762
 City State Zip Code

3. Florida County of principal place of business: _____
Seminole
 (see instructions if more than one county)

FILED

08 MAY 16 PM 4:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

008137900055
 03/26/08--90001--020 **250.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last _____ First _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

2. Last _____ First _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name If other than an Individual: (Use attachment if necessary):

1. Carroll McKenney Foundation for Public Media, Incorporated
 Entity Name
P. O. Box 620070
 Address
Oviedo, Florida 32762
 City State Zip Code
 Florida Registration Number N08000000201
 FEI Number: 26-1812829
 Applied for Not Applicable

2. Entity Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

Section 3

I (wo) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 855.09, F.S., I (wo) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 3/18/08
 Signature of Owner Date

Phone Number: 407-366-5929

Signature of Owner Date
 Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date
 Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50