

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

: (850)521-1000

Phone

Fax Number

: (850)558-1575

FOREIGN PROFIT/NONPROFIT CORPORATION

INTERMEDIA OUTDOOR, INC.

Certificate of Status	0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT RUSINESS IN FLORIDA

InterMedia Ou		
	corporation; must include "INCORPORATE! Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"
(If name unava	ilable in Florida, enter alternate corporate nam	te adopted for the purpose of transacting business in Florida)
Delaware		42-1717617
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
November 29,	2006	perpetuaj.
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		in Florida, if prior to registration)
ala intermedia V	•	1502, F.S., to determine penalty liability)
CO INCLINEUR P	armers VII L.P., 405 Lexington Ave., 48th Pl (Principal office ad	
	` •	,
c/o intermedia i	artners VII L.P., 405 Lexington Ave., 48th Fl	
	(Current mailing ad	ures;
The purpose of	InterMedia Outdoor, Inc. is to pursue any law	ful business or activity under the law of this state.
	s) of corporation authorized in home state or o	
Name and cire	et address of Florida registered agent: (P.	O Box NOT acceptable)
	Corporation Service Company	or you ive a law paramy
Name:	Corporation Service Company	and the second s
	1201 Hays Street	<u> </u>
ffice Address:		. Florida 32301
ffice Address:	Tallahassee	
ffice Address:	Tallahassee (City)	(Zip code)

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.

(Registered agent's signature)

Doreen F. Wallace

as its agent

Corporation Service Company

12. Names and business addresses of officers and/or directors: A. DIRECTORS Director: David Koff Chairman: Address: clo Intermedia Partners VII L.P., 405 Lexington Ave., 48th Floor, NY, NY 10174 Vice Chairman: Peter Kern Director: Address: c/o Intermedia Partners VII L.P., 405 Lexington Ave., 48th Floor, NY, NY 10174 Director: Leo Hindery Address: c/o Intermedia Partners VII L.P., 405 Lexington Ave., 48th Floor, NY, NY 10174 Director: Address: B. OFFICERS President: Mark Coleman Address: c/o Intermedia Partners VII L.P., 405 Lexington Ave., 48th Floor, NY, NY 10174 Vice President: _____ Address: Secretary: __ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14. Mark Coleman, Secretary





The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERMEDIA OUTDOOR, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERMEDIA OUTDOOR, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2006.

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

4258571 8300 070083487



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 5381828

DATE: 01-25-07