Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION EdgeCast Networks, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## **COVER LETTER**

| TO: New Filing Sec  |  |   |  |
|---|--|---|--|
| Division of Cor   | •  |   |  |
| SUBJECT: EdgeCost   |  |   |  |
|   | Name of corpor   | ation - must include suffix   |  |
| Dear Sir or Madam;  |  |   |  |
| "Certificate of Existence   | ion by Foreign Corporation<br>e," or "Certificate of Good<br>n corporation to transact b | n for Authorization to Trans<br>I Standing" and check are st<br>usiness in Florida. | sect Business in Florida,"<br>abmitted to register the             |
| Please return all corresp   | ondence concerning this n  | natter to the following:  |  |
| Christy Royce   | _  | -   |  |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                  | Nam  | e of Person   |  |
| EdgeCast Networks, Inc.   |  |   |  |
|   | Firm/  | Company   | <del></del>  |
| 22001 Londoun County P  | arkway   |   |  |
|   |  | \ddress   | <del></del>  |
| Ashburn, VA 20147   |  |   |  |
| ·····   | Cltv/St  | ate and Zip code  |  |
| paul.mattiola@verizon.com   | •  | 200 (2.11 2.1) 0000   |  |
|   |  | sed for future annual report  | notification)  |
| For further information of  | concerning this matter, ple  | ·   | •  |
| Christy Royes   | at ( 703   | 886-5464  |  |
| Name of Person  | A  | rca Code & Daytime Teleph   | ione Number  |
| STREET/COUI<br>New Filing Secti<br>Division of Corp<br>Clifton Building | orations   | MAILING A<br>New Filing So<br>Division of C<br>P.O. Box 632                         | ection<br>orporations  |
| 2661 Executive to Tallahmsco, FL  | Center Circle  | Tallahassee, I  |  |
| Enclosed is a check for ti  | ne following amount:   |   |  |
| 2 \$70.00 Filing Fee  | ☐ \$78.75 Filing Fee & Certificate of Status   | ☐ \$78.75 Filing Fee & Certified Copy   | © \$87.50 Filing Fee.<br>Certificate of Status &<br>Certified Copy |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| ()fn                         | ane unavai)                               | able in Florida, enter alternate corporate name                                       | e adopted for the purpose of transacting business in Florida) |   |
|------------------------------|---|---|---|---|
| 2. Cal                       | ifornia                                   | 3   | 20-5346704  |   |
|                              |   | under the law of which it is incorporated)  | (FEI number, if applicable)                                   |   |
| 4. Au                        | gust 1, 2006                              | 5   | perpetual   |   |
| -                            | (Date                                     | of incorporation)   | (Duration: Year corp. will cease to exist or "perpetual")     |   |
| 6                            |   |   | in Florida, if prior to registration)                         |   |
|                              |   |   | 1502, P.S., to determine penalty liability)                   |   |
| 7                            | Ocean Park                                | Blvd., Suite II0, Santa Monica, CA 90405  |   |   |
| D                            |   | (Principal office add   | dress)  |   |
|                              | c as above                                | (0  |   |   |
|                              |   | (Current mailing add  | oress)  |   |
| 8. Any                       | lawful act or                             | ractivity   | <del>,</del>  |   |
|                              | (Purpose(s)                               | of corporation authorized in home state or co   | country to be carried out in state of Florida)                |   |
| 9. Nam                       | e and street                              | t address of Florida registered agent: (P.  | O. Box NOT acceptable)  | APR   |
|                              | Name:                                     | C T Corporation System  | 60 2<br>10 7<br>10 7  | R 28  |
| Office A                     | Address:                                  | 1200 South Pine Island Road   | ्रिति स्व<br><del>वि</del>                                    | ia (i   |
|                              |   | Plantation  | , Florida   | 경<br>경<br>경<br>경<br>경<br>경<br>경<br>경<br>경<br>경<br>경<br>ਰ<br>ਰ<br>ਰ<br>ਰ<br>ਰ<br>ਰ<br>ਰ<br>ਰ |
|                              |   | (City)  | (Zip code)  | >   |
|                              | gistered ag                               | ent's acceptance:<br>ed as registered agent and to accept servi                       | ice of process for the above stated corporation at the pla    |   |
| Having<br>designa<br>lurther | been name<br>ted in this t<br>agree to co | application, I hereby accept the appoints   | relative to the proper and complete performance of my         | y. <i>1</i>   |
| Having<br>designa<br>lurther | been name<br>ted in this t<br>agree to co | application, I hereby accept the appoints imply with the provisions of all statutes i | relative to the proper and complete performance of my         | y. I  |

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.

| 12. Names and business addresses of officers and/or directors:  |                                       |  |              |
|---|---------------------------------------|--|--------------|
| A. DIRECTORS  |                                       |  |              |
| Chairman:   |                                       |  | _            |
| Address:  | ^                                     |  |              |
|   |                                       |  | _            |
| VIce Chairman:  |                                       |  | _            |
| Address:  |                                       |  | _            |
|   | ··                                    |  | -            |
| Director; Robert A Toohey   |                                       |  | _            |
| Address: One Verizon Way  |                                       | ·                                      | _            |
| Basking Ridge, NJ 07920   | <u> </u>                              | <u>*</u>                               | _            |
| Director: Anthony Molene  | 19 H                                  | AP.                                    | <b>-</b> "T  |
| Address: 2850 Ocean Park Blvd., Suite 110   | <u>ن کا کا</u>                        | 2                                      | - =          |
| Santa Mosica, CA 90405  | E S                                   | <u> </u>                               | _ i <u>r</u> |
| B. OFFICERS   | 12 C                                  | 3                                      | <u> </u>     |
| President: James Segil  |                                       | <u>12</u>                              | _            |
| Address: 2850 Ocean Park Blvd., Suite 110   |                                       | 0                                      |              |
| Santa Monica, CA 90405  |                                       |  | _            |
| Vice President:   |                                       |  | _            |
| Address:  | <u> </u>                              |  |              |
|   |                                       | ······································ | _            |
| Socretary: Brian Ross   |                                       |  |              |
| Address: 2850 Ocean Park Blvd., Suite 110, Santa Monica, CA 90405   |                                       |  |              |
| Treasurer: John Powers  |                                       |  | _            |
| Address: 2850 Ocean Park Blvd., Suite 110, Santa Monica, CA 90405   |                                       |  |              |
| NOTE: If necessary, you may attach an addendum to the application listing additional office   | cers and/or directors.                |  |              |
| 13. Par   |                                       |  | _            |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S. |                                       |  |              |
| 14. Brian Ross, Secretary   | · · · · · · · · · · · · · · · · · · · |  |              |
| (Typed or printed name and capacity of person signing application)  | )                                     |  |              |

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EDGECAST NETWORKS, INC.

FILE NUMBER: FORMATION DATE: C2891519 08/01/2006

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

STATUS;

CALIFORNIA ACTIVE (GOOD STANDING) APR 28 PN 12:-20 GLICKY OF THE GLICKSCE FLOREN

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 25, 2014.

DEBRA BOWEN Secretary of State

SAG