Organization ID # 0338596 State of origin Filing fee

Commonwealth of Kentucky \$115.00 Elaine N. Walker, Secretary of State

0338596.09

bschell PRPF

Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 5/29/2012 1:16 PM Fee Receipt: \$115.00

731

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

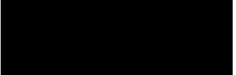
## Reinstatement Application and **Reinstatement Annual Report** For the year 2011

**Exact organization name and principal office address** MEDIA VENUE, INC. 10535 TIMBERWOOD CIR STEE **LOUISVILLE KY 40223** 

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

## Registered Agent and Registered Office Address

WEAKS MCKINNEY-SM!TH 10535 TIMBERWOOD CIR STEE LOUISVILLE, KY 40223



Sole Officer	WEAKS MCKINNEY	SMITH	
	name and address of all directors (if app	olicable).No listing of directors is verification that	the corporation has dispensed with directors. If not specified
<u> </u>			
2011. The undersig	ned states that the grounds fo	or dissolution either did not exist or h	entity did not file its annual report for the year nave been eliminated, and the entity's name f \$115.00, payable to Kentucky State Treasurer.
Under penalty of period information pertain	erjury, the below signed herebying to MEDIA VENUE, INC. to	y authorizes the Kentucky Department the Secretary of State, as required	ent of Revenue to release any applicable tax for reinstatement pursuant to KRS 271B.14-220.
		eclaration of Power of Attorney with	the Reinstatement Application.
X Wiste M	ckeny Smith	Mesident	4/30/12

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)



## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

**Steven L. Beshear** Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0338596





THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

May 29, 2012

MEDIA VENUE, INC. 10535 TIMBERWOOD CIR STE E LOUISVILLE KY 40223

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MEDIA VENUE**, **INC**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Nicole McTiernan, Revenue Auditor Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2062 FAX# 502-564-0058

Kentucky Secretary of State organization number 0338596

