


2006 OCT 10 AM 9:04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000003239 1. Corporation Name Radio 105 USA Corporation			
2. Principal Office Address 444 Madison Ave		3. Mailing Office Address 444 Madison Ave	
Suite, Apt. #, etc. 1206		Suite, Apt. #, etc. 1206	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country new york	Zip 10022	Country new york

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida 6/25/2002	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 13/4020013	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 And 100% Fed. reg. req. for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Erasmus Almagno	
Street Address (P.O. Box Number is Not Acceptable) 605 Lincoln rd.	
Suite, Apt. #, Etc. 215	
City Miami Beach,	State / Zip Code FL 33139

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Erasmus Almagno* Date: _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
c	Alberto Hazan	444 Madison Ave. 1206	New York, NY 10022
s	Gazzola Mario	600 Madison Ave	New York, NY 10022
		<i>B 10/16/06</i>	<i>500080695495</i>
		<i>OB-04</i>	<i>10/10/06--01066--036 **12 10.00</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *X [Signature]* Date: *10/5/06* Daytime Phone #: *212-980-3500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #