2905 FOR PROFIT CORPORATION. REINSTATEMENT

ARY OF STATE **DOCUMENT # F03000000524** THOMSON MEDIA INC 06 MAR -7 PH 3: 19 Principal Place of Business Mailing Address ONE STATE STREET, 27TH FLOOR ONE STATE STREET, 27TH FLOOR NEW YORK, NY 10004 NEW YORK, NY 10004 3. Mailing Address
55 BROAQWAY 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 09282005 REIN-P WOG OOX) 1/06 Z CR2E098 (6/04) IDTH FLOOR Applied For City & State City & State 4. FÈI Number 82-0573550 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$100.00 After January 1, 2006, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PLEASE SEE ATTACHED Addition ☐ Change **PCEO** Defete TITLE TITLE NAME CULLEN, ROBERT NAME STREET ADDRESS 290 HARBOR DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAMFORD, CT 06902 Change ☐ Addition CFO Delete TITI F TITLE JOHNSTON, WILLIAM NAME NAME 300067795393 STREET ADDRESS 11 PENN PLAZA, 17TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10001 vs Delete TITLE Change ☐ Addition REASE SEE ATTACHED TITLE STANLEY, DEIRDRE NAME NAME STREET ADDRESS ONE STATE STREET, 27TH FLOOR STREET ADDRESS NEW YORK, NY 10004 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☑ Delete TITLE Addition TITLE VAS PLEASE SEE ATTACHED NAME NAME CARSON, KENNETH A STREET ADDRESS STREET ADDRESS ONE STATE STREET, 27TH FLOOR CITY - ST - ZIP NEW YORK, NY 10004 CITY-ST-ZIP PLEASE SEE ATTACHED ☐ Addition ☐ Change TITLE VAS Delete TITLE NAME DWECK, SARI NAME STREET ADDRESS STREET ADDRESS ONE STATE STREET, 27TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10004 PLEASE SEE ATTACHED TITLE ☐ Change Addition VAS **†**⊠ Delete TITLE NAME EHLERS, DAWN L NAME STREET ADDRESS ONE STATE STREET, 27TH FLOOR STREET ADDRESS

CITY-ST-ZIP

O OFFICER OR DIRECTOR

HIEF TENANCIAL

SIGNATURE:

NEW YORK, NY 10004

CITY-ST-ZIP

(Federal ID# 82-0573550)

Incorporation:

Delaware

Entity Type:

Corporation

Officers

James M. Malkin

President & Chief Executive Officer

Primary Address

Source Media Inc.

One State Street, 27th Floor

New York, NY 10004

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212-803-8200

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Chief Financial Officer & Treasurer

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Frank Quigley

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Phone: 212-803-8200



ACCOUNT NO. : 072100000032

REFERENCE 90.02 7517091
AUTHORIZATION

COST LIMIT : \$ 1050.00

ORDER DATE: March 6, 2006

ORDER TIME : 10:01 AM

ORDER NO. : 904022-005

CUSTOMER NO: 7517091

CONTACT PERSON: Darlene Ward

REINSTATEMENT

EXAMINER'S INITIALS