



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000000166 1. Entity Name TELEFUTURA TAMPA LLC			<div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: center; font-weight: bold;">04 NOV -8 PM 1:09</div> <div style="text-align: center; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
Principal Place of Business 1999 AVENUE OF THE STARS, STE. 3050 LOS ANGELES, CA 90067		Mailing Address 1999 AVENUE OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	
2. Principal Place of Business 500 Frank W. Burr Blvd.	3. Mailing Address 500 Frank W. Burr Blvd.		
Suite, Apt. #, etc. 6th Floor	Suite, Apt. #, etc. 6th Floor	10252004 REIN-LLC CR2E101 (6/04)	
City & State Teaneck, New Jersey		City & State Teaneck, New Jersey	
Zip 07666-6802	Country USA	Zip 07666-6802	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 <i>M. Fitzpatrick</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		Margaret Fitzpatrick Assistant Secretary DATE 10/27/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State		700042570707 11/08/04--01066--008 **150.00	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TELEFUTURA TELEVISION GROUP, INC. 1999 AVENUE OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied in this filing does not qualify for reinstatement as provided in Section 119.01, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee appointed to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>C. Douglas Kvanvold</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		C. Douglas Kvanvold Vice President Date 11/3/04 Daytime Phone # (310) 348-3674	