


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000000174 1. Entity Name TELEFUTURA MIAMI LLC	
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FILED

04 NOV -8 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1999 AVENUE OF THE STARS, SUITE 3050 LOS ANGELES, CA 90067	Mailing Address 1999 AVENUE OF THE STARS, SUITE 3050 LOS ANGELES, CA 90067
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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
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4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip 07666-6802	Country USA	Zip 07666-6802	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 FL Zip Code
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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: M. T. [Signature] Margaret Fitzpatrick 10/27/04
(NOTE: Registered Agent signature required when reinstating) DATE

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	TELEFUTURA TELEVISION GROUP, INC. <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1999 AVENUE OF THE STARS, SUITE 3050	STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES, CA 90067	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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11/08/04--01066--007 **150.00

11. I hereby certify that the information supplied with this filing does not qualify for the reduced filing fee in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature has been made under oath, and that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] C. Douglas Krawinkel 11/2/04 (30) 348-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #