PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY -9 PM 3:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M06000002810

1. Limited Liability Company's Name

Clear Channel Taxi Media, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2080-B Meade Ave.		2080-B Meade Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 360		Suite 360	
City & State		City & State	
Las Vegas, NV		Las Vegas, NV	
Zip	Country	Zip	Country
89102	USA	89102	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 05/08/2006

6. FEI Number: 522132507 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City	State	Zip Code
Tallahassee	FL	32301-2525

000207385300

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Matthew Young Asst. V. Pres. Date: 5-9-11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VeriFone, Inc.	2099 Gateway Place, Suite 600	San Jose, CA 95110

REINSTATEMENT 2010-2011

11. E-mail Address: albert_liu@verifone.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 5/5/2011 Daytime Phone #: 408-232-7222

Typed or printed name of signing Managing Member/Manager: Albert Liu

CORPORATION SERVICE COMPANY

M06000002810

ACCOUNT NO. : I20000000195

REFERENCE : 769135 7555117

AUTHORIZATION : [signature]

COST LIMIT : $ ~~525.75~~

ORDER DATE : May 5, 2011 377.50

ORDER TIME : 8:49 AM

ORDER NO. : 769135-015

CUSTOMER NO: 7555117

RECEIVED
11 MAY -9 AM 10:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CLEAR CHANNEL TAXI MEDIA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS _____

FILED
11 MAY -9 PM 3:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS