

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2012 JUN 12 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000002139

1. Limited Liability Company's Name

Dial Communications Global Media, LLC

2. Principal Office Address - No P.O. Box # 220 West 42nd Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York, New York		City & State	
Zip 10036	Country USA	Zip	Country

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 6/4/09	
6. FEI Number 020586001	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Tallahassee

State
FL

Zip Code
32301

E-mail Address:

800236272608
06/12/12--01020--002 **516.25
kmifsud@dialglobal.com
(To be used for future annual report notices)

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 Jacqueline N. Casper, Assistant VP Date 5/3/12

Jacqueline N. Casper
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	Excelsior Radio Networks, LLC	220 West 42nd Street	New York, New York 10036

JB

REINSTATEMENT 2010-12

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Hiram Lazar Date 5/4/12 Daytime Phone # 212.419.2911

Typed or printed name of signing Managing Member/Manager Hiram Lazar