

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 OCT 31 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # MA910000001917

1. Limited Liability Company's Name

**SOUTHERN BROADCAST GROUP, LLC**

**REINSTATEMENT 2000**

2. Principal Office Address <b>1111 MICHIGAN AVENUE</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>SUITE 301</b>		Suite, Apt. #, etc.	
City & State <b>EAST LANSING, MI</b>		City & State	
Zip <b>48823</b>	Country <b>USA</b>	Zip	Country

4. State/Country of Formation <b>DELAWARE</b>	
5. Date Organized or Qualified To Do Business in Florida <b>12-07-99</b>	
6. FEI Number <b>38-3493496</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent			
Name <b>NRAI SERVICES, INC</b>		600003456226-8	
Street Address (P.O. Box Number is Not Acceptable) <b>526 E. PARK AVENUE</b>		-11/07/00-01127-006 ****150.00 ****150.00	
Suite, Apt. #, Etc.			
City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32301</b>	

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 Ed Hand - Asst. Secretary Date 10/31/00  
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
Manager	Michael H. Oesterle	1111 Michigan Ave., #301	East Lansing, MI 48823

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.

Signature of Managing Member/Manager [Signature] Date 10-25-00 Daytime Phone # 517-351-3333

Typed or printed name of signing Managing Member/Manager **Michael H. Oesterle**

CR2E041 (9/99)

*Handwritten initials and date:* JB 10-1-00