PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 31 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000018689

1. Corporation Name

TERRA NETWORKS OPERATIONS, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
1201 BRICKELL AVENUE Suite 700	c/o PETER KAROL 100 FIFTH AVENUE
Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State WALTHAM, MA
Zip 33131 Country USA	Zip 02451 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: February 22, 2000

5. FEI Number: 65-0990937 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY 10/31/03
REGISTERED AGENT MUST SIGN

CR2E031 (10/03)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR & PRESIDENT	MARK STOEVER	c/o Lycos 100 FIFTH AVENUE	WALTHAM, MA 02451
DIRECTOR & VP/TREASURER	BRIAN D. LUSK	c/o Lycos 100 FIFTH AVENUE	WALTHAM, MA 02451
SECRETARY	DANIEL SULLIVAN	c/o Lycos 100 FIFTH AVENUE	WALTHAM, MA 02451
ASST. SECRETARY	PETER KAROL	c/o Lycos 100 FIFTH AVENUE	WALTHAM, MA 02451

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] PETER KAROL — 10/31/03 — 781-370-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 10/03/2003 CT System Online