

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP -11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000080862

1. Corporation Name
Phoenix Broadcast Partners, Inc.

Principal Place of Business Mailing Address
35048 U.S. Highway 19 North
Palm Harbor, Florida 34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/22/93

5. FEI Number 72-1268829 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/Dir	Stephen Schurdell	35048 U.S. Hwy. 19 N.	Palm Harbor, Florida 34684
V-Pres/Dir	Carl J. Marcocci	35048 U.S. Hwy. 19 N.	Palm Harbor, Florida 34684
Sec./Treas. Dir.	Betty L. Marcocci	35048 U.S. Hwy. 19 N.	Palm Harbor, Florida 34684

REINSTATEMENT
09/15/98
9/14/98

8. Name and Address of Current Registered Agent
Dennis Repka
35048 U.S. Hwy. 19 N.
Palm Harbor, Florida 34684

9. Name and Address of New Registered Agent
Name Carl J. Marcocci
Street Address (P.O. Box Number is Not Acceptable) 35048 U.S. Highway 19 North
Suite, Apt. #, Etc.
City Palm Harbor, FL
State FL Zip Code 34684

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 9/2/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

12. I certify that I am an officer or director or 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 taxes 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 9/2/98 (727) 442-4027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.