


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 SEP 18 PM 1:42 TAMPA, FLORIDA 100136245481 09/23/08--01008--011 ***3555.00	
DOCUMENT # A96000000165					
1. Name of Limited Partnership TAMPA BROADCASTING, LTD.					
2. Principal Office Address - No P.O. Box # 407 N. HOWARD AVENUE			3. Mailing Office Address 407 N. HOWARD AVENUE		
Suite, Apt. #, etc. SUITE 200			Suite, Apt. #, etc. SUITE 200		
City & State TAMPA, FLORIDA			City & State TAMPA, FLORIDA		
Zip 33606	Country USA	Zip 33606	Country USA		
4. Date Formed or Registered To Do Business in Florida JANUARY 24, 1996					
5. FEI Number 65-0688545				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. <input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.					
8. Name and Address of Current Registered Agent Name BUSH ROSS REGISTERED AGENT SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 1801 N. HIGHLAND AVENUE Suite, Apt. #, Etc. City TAMPA, FLORIDA State FL Zip Code 33602					
9. Pursuant to the provisions of section 620.1810 or 620.1809, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <i>J. Carter Anderson</i> V.P. DATE 9.17.08 (REGISTERED AGENT MUST SIGN)					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
TAMA BROADCASTING GROUP OF FLORIDA, L.C.		407 N. HOWARD AVENUE, SUITE 200		TAMPA, FLORIDA 33606	
10a. Registration Document Number		L96000000102			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated herein is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, and I am empowered to execute this report as required by Chapter 620, Florida Statutes. SIGNATURE <i>Ted Bolton</i> DATE 9/16/08 By: Dr. Ted Bolton, PHD, CEO of Manager Telephone Number 813-259-9867					