

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000004478

1. Corporation Name

TIME4 MEDIA, INC.

Principal Place of Business

1500 CORDOVA RAD
FT. LAUDERDALE FL 33316

Mailing Address

1500 CORDOVA RAD
FT. LAUDERDALE FL 33316

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

1271 Avenue of the Americas

Suite, Apt. #, etc.

5th Fl.

City & State

New York, NY

Zip

10020

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2001

5. FEI Number

13-2620517

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KLEIN, JASON E Mark Ford	2 PARK AVENUE	NEW YORK NY 10016
VCD	ATKINSON, RICHARD	1271 AVENUE OF THE AMERICAS	NEW YORK NY 10020
AS	MCGARTHY, ROBERT E Klein, Lauren Ezrol	1271 AVENUE OF THE AMERICAS	NEW YORK NY 10020
VP/AT	LARMORE, KERRY E Kambour Annaliese S.	2 PARK AVENUE 75 Rockefeller Str	NEW YORK NY 10016
D	KLINGENSMITH, MICHAEL J	2 PARK AVENUE 1271 Avenue of the Americas	NEW YORK NY 10016 New York NY 10020
D	LOGAN, DON Moore, Ann S.	1271 AVENUE OF THE AMERICAS	NEW YORK NY 10020

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300009472983

12/11/02--01065--001 **750.00

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Jonathan R. Giddings
REGISTERED AGENT MUST SIGN

Jonathan R. Giddings
Assistant Secretary

Date

12/3/2002

11. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/02

Date

212.522.3295

Daytime Phone #

CR2E040 (8/02)