

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 NOV 25 AM 9:12

DOCUMENT # **F01000004837**

1. Corporation Name

CARON BROADCASTING, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
100009213941
 11/25/02--01095--009 **750.00

Principal Place of Business

4880 SANTA ROSA RD. STE 300
 CAMARILLO CA 93012

Mailing Address

4880 SANTA ROSA RD. STE 300
 CAMARILLO CA 93012



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

77-0439370

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
C	EPPERSON, STUART W	3780 WILL SCARLET RD	WINSTON-SALEM NC
PD	ATSINGER III, EDWARD G	4880 SANTA ROSA RD, STE 300	CAMARILLO CA
V	EVANS, DAVID A	4880 SANTA ROSA RD, STE 300	CAMARILLO CA
V	HILL, EILEEN E	4880 SANTA ROSA RD, STE 300	CAMARILLO CA
VSD	BLOCK, JONATHAN L	4880 SANTA ROSA RD, STE 300	CAMARILLO CA

EV Davis, Joe 1777 Terrace Ave. 4th Flr Hasbrouck Heights, NJ 07064

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Signature **SIGNATURE REQUIRED AS T secy**
 REGISTERED AGENT MUST SIGN

Date

11/21/02

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 **SIGNATURE Jonathan L Block 11/18/02 805-987-0400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/02)