## F03000005958

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



800025060638

BK

O3 DEC -2 M 2: 48





ACCOUNT NO. : 07210000032

REFERENCE

: .338592

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: November 26, 2003

ORDER TIME : 1:56 PM

ORDER NO. : 338592-020

CUSTOMER NO: 4319220

CUSTOMER: Lisa Solazzo, Paralegal

Viacom Inc. 51st Floor 1515 Broadway

New York, NY 10036

## FOREIGN FILINGS

NAME: VIACOM RADIO SALES COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1114

EXAMINER:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (Enter name of    | VIACOM RADIO SALES COMPANY  f corporation; must include "INCORPORATED," "Co | OMPANY," "CORPORATION,"  |         |
|-------------------|---|--|---------|
| "Ine.," "Co.," "  | 'Corp," "Inc," "Co," or "Corp.")  | 是 是 一  | _       |
|                   |   | A A A A A A A A A A A A A A A A A A A  |         |
|                   |   |  |         |
| (If name unava    | nilable in Florida, enter alternate corporate name adopt                    | ed for the purpose of transacting business in Florida)   |         |
| 2. Del            | laware 3  | _20-0368591  | >       |
| (State or countr  | y under the law of which it is incorporated)                                | (FEI number, if applicable)  |         |
| 4 11-             | -06-2003  | perpetual _  |         |
|                   | te of incorporation) (Du  | perpetual ration: Year corp. will cease to exist or "perpetual")   |         |
| 6                 | on qualification  | - <del>-</del>   |         |
| (Date first trans | sacted business in Florida. If corporation has not trans                    | acted business in Florida, insert "upon qualification.")   | -       |
| (                 | (SEE SECTIONS 607.1501, 607.  |  |         |
| 7 1515 Broad      | dway, New York, NY 10036  |  |         |
| 7. 1020 22020     | (Principal office address)  | <del></del>  |         |
|                   |   |  |         |
| , <del></del>     | (Current mailing address)   | <u></u>  | . =     |
|                   | (   |  |         |
| 8 One Bal         | 1 Campany   |  |         |
| (Purpose          | Company :: (s) of corporation authorized in home state or country           | to be carried out in state of Florida)   |         |
|                   |   |  |         |
| 9. Name and st    | reet address of Florida registered agent: (P.O.                             | Box or Mail Drop Box NOT acceptable)   |         |
| Name:             | Corporation Service Company   |  | <b></b> |
|                   |   |  |         |
| Office Address:   | 1201 Hays Street  | and the second s |         |
|                   | Tallahassee   | . Florida 32301  |         |
|                   | (City)  | (Zip code)   |         |
| 10 m + : -        |   | -  |         |
| •                 | agent's acceptance:   | process for the above stated corporation at the place  |         |
| maving veen na    | men us registeren ugem ann to accept service of                             | process for the above stated corporation at the place  | _       |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

MA M- Mulli (0)

(Registered agent's signature)

(Registered agent's signature)
Ann R. Shilling, Asst. Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| , Ditte        | CIORO  |   |  |                                       |                                       |                                       |                |  |
|----------------|--|---|--|---------------------------------------|---------------------------------------|---------------------------------------|----------------|--|
| Chairman:      | See attached officers  | directors ri                                  | der  | <u></u>                               | <u> </u>                              | <u> </u>                              | <del></del>    | <u></u>                                      |
| Address:       |  | PR 1.5  | and the same of th | · · · · · · · · · · · · · · · · · · · |                                       |                                       |                |  |
| -              |  |   |  |                                       |                                       |                                       |                | es de la                                     |
|                |  |   |  |                                       |                                       |                                       |                |  |
| Vice Chair     | man:   |   |  |                                       | ·                                     |                                       |                | <u> </u>                                     |
| Address:       |  | <u> </u>                                      | <del> </del>   | <u></u>                               | <u> </u>                              |                                       |                | ·  |
|                |  | ·····   |  |                                       | <u></u>                               |                                       |                | <u>: .</u>                                   |
| Director:      |  |   |  | <u> </u>                              |                                       |                                       | <u></u>        | <u>.                                    </u> |
| Address:       |  | <u> </u>                                      |  |                                       | . <u> </u>                            | <u> </u>                              |                |  |
|                |  |   |  | -                                     | <u> </u>                              |                                       |                |  |
|                | •  |   |  | *                                     |                                       |                                       |                |  |
| Director:      |  |   |  |                                       |                                       |                                       |                | <u></u>                                      |
| Address:       |  |   | <u> </u>   | <u> </u>                              |                                       | <u> </u>                              | <u> </u>       | <u>,</u>                                     |
|                |  | <u> </u>                                      |  |                                       |                                       | , u                                   | <u> </u>       |  |
| B. OFFI        | CERS   |   | · -· ··  |                                       |                                       | •                                     |                |  |
|                |  | /dimentono mi                                 | d  |                                       |                                       |                                       | 2              | -  |
| President:     | See attached officers  |   |  |                                       |                                       |                                       |                |  |
| Address:       |  |   |  |                                       |                                       |                                       |                |  |
|                | the state of the s |   | <u> </u>   | ·                                     |                                       |                                       | <u>, e</u> : . |  |
| Vice Presi     | dent:  |   |  |                                       |                                       |                                       |                |  |
| Address:       | - <del></del>  |   |  | . <u> </u>                            |                                       |                                       | +.4            | <u> </u>                                     |
| •              | · · · · · · · · · · · · · · · · · · ·  |   |  |                                       |                                       | :                                     | Ç.             | عد سن  |
|                |  | –   |  |                                       |                                       |                                       |                |  |
| Secretary:     |  |   | <del></del>  | <del>- ; · · ·</del>                  | <u> </u>                              | w) <u>**</u> *                        | <u> </u>       |  |
| Address:       | The state of the s | <u>, , , , , , , , , , , , , , , , , , , </u> |  | ·                                     | <u> </u>                              | <b>e</b> e -                          | <u> </u>       | · · · · · · · · · · · · · · · · · · ·        |
| Treasurer:     |  |   | en <u>ja 1 m. ja 1 m</u> .<br>-  |                                       |                                       | 3.44                                  |                | <u> </u>                                     |
| Address:       |  | , , <u>, , , , , , , , , , , , , , , , , </u> |  | ¥,                                    | · · · · · · · · · · · · · · · · · · · |                                       | <u>-</u>       | <u> </u>                                     |
|                | -<br>-   |   | •  |                                       |                                       |                                       |                |  |
| NOTE:          | If necessary, you may attach a   | n addendum to the                             | application  | listing add                           | litional officers                     | and/or dire                           | ctors.         |  |
| 13             | More R, Full<br>(Signature of Director)  | est   | · · · ·  |                                       |                                       | · · · · · · · · · · · · · · · · · · · |                |  |
| . 0            | (Signature of Director of  | or Officer listed in                          | number 12  | of the appl                           | ication)                              |                                       |                |  |
| 14. <u>Jan</u> | R. Fuerst, VP & Assis  | tant Secretar                                 | ¥  |                                       | <u>.</u>                              | <u>.</u>                              |                |  |
|                | (Typed or print  | ed name and capa                              | icity of perso   | n signing :                           | application)                          |                                       |                |  |

| Officer             | Title                                   | Residence Address                                | Business Address              |
|---------------------|---|--|-------------------------------|
| Joel Hollander      | President and Chief Operating Officer   | 1 Masar Road<br>Boonton, NJ 07005                | 1515 Broadway<br>NY, NY 10036 |
| Michael D. Fricklas | Executive Vice President & Secretary    | 60 Riverside Drive<br>NY, NY 10024               | 1515 Broadway<br>NY, NY 10036 |
| Robert G. Freedline | Vice President & Treasurer              | 200 Riverside Drive<br>NY, NY 10069              | 1515 Broadway<br>NY, NY 10036 |
| Jane R. Fuerst      | Vice President & Assistant<br>Secretary | 75-56 195th Street<br>Fresh Meadows, NY<br>11366 | 1515 Broadway<br>NY, NY 10036 |

| Directors           | Residence Address   | Business Address |
|---------------------|---------------------|------------------|
| Michael D. Fricklas | Same as above       | Same as above    |
| Robert G. Freedline | Same as above       | Same as above    |
| Susan C. Gordon     | 45 West 60th Street | 1515 Broadway    |
|                     | NY, NY 10023,       | NY, NY 10036     |

Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIACOM RADIO SALES COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIACOM RADIO SALES COMPANY" WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2778593

DATE: 12-01-03 \_\_\_

3724491 8300

030766950