

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001809**

1. Corporation Name

MovieFone, Inc.

2. Principal Office Address

333 Westchester Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

White Plains, NY

Zip

10604

Country

USA

3. Mailing Office Address

22000 AOL Way

Suite, Apt. #, etc.

City & State

Dulles, VA

Zip

20166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/94

5. FEI Number

13-3757816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Carol K. Dolor

, Carol K. Dolor, Asst. V.P. Date **10/25/2000**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Donn Davis	22000 AOL Way	Dulles, VA 20166
T	J. Michael Kelly	22000 AOL Way	Dulles, VA 20166
S	Sheila A. Clark	22000 AOL Way	Dulles, VA 20166

REINSTATEMENT

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100003440101--7

10. 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:

Sheila A. Clark

Sheila A. Clark

October 19, 2000 703/265-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)



Page 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 872708 4392002

AUTHORIZATION :

Patricia Piquito

COST LIMIT : \$ ~~7500~~ 900.00

ORDER DATE : October 23, 2000

ORDER TIME : 10:11 AM

ORDER NO. : 872708-040

CUSTOMER NO: 4392002

CUSTOMER: Ms. Tina Chiriaco
AMERICA ONLINE INC.
AMERICA ONLINE INC.
22000 AOL Way

Dulles, VA 20166-9323

DOMESTIC FILING

NAME: MOVIEFONE, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 AM 10:47
NOT RECORDED
TO ADOPTION
SUFFICIENCY OF FILING