

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 29 PM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005278**

1. Corporation Name

**CBS RADIO LICENSE INC.**

Principal Place of Business

~~110 HUNTINGTON AVE.~~  
~~BOSTON MA 02110~~

Mailing Address

~~110 HUNTINGTON AVE.~~  
~~BOSTON MA 02110~~

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

2. New Principal Office Address, If Applicable

~~C/O C. Mc Morrow - Castro~~

Suite, Apt. #, etc.

~~51 W. 52 ST.~~

City & State

~~NEW YORK, NY~~

Zip

~~10019~~

Country

3. New Mailing Office Address, If Applicable

~~C/O C. Mc Morrow - Castro~~

Suite, Apt. #, etc.

~~51 W. 52 ST.~~

City & State

~~NEW YORK, NY~~

Zip

~~10019~~

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1994

5. FEI Number

04-3200160

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>CEO</del> PD	<del>DODGE, STEVEN B</del> KARMAN, MEL	<del>BLUEBERRY HILL</del> 51 W. 52 ST.	<del>MANCHESTER MA 01044</del> NEW YORK, NY 10019
<del>STD</del> EIP/D	<del>WINN, JOSEPH L</del> SULEMAN, FARID	<del>3 JONAS STONE CIRCLE</del> 40 W. 52 ST.	<del>LEXINGTON MA 02170</del> NEW YORK, NY 10019
VPS	<del>WILSON, MICHAEL B</del> STRAKA, ANGELINE C.	<del>45 BEAVER POND ROAD</del> 51 W. 52 ST.	<del>BEVERLY MA 01915</del> NEW YORK, NY 10019
AS	<del>GARDIELLA, MATTHEW J</del> Mc MORROW - CASTRO, CLARE	<del>1100 BEACON STREET, APT. #6A</del> 51 W. 52 ST.	<del>BROOKLINE MA 02140</del> NEW YORK, NY 10019
AS	<del>DIKALEG, NORMAN A</del> BACHY, DIANE M.	<del>224 OLD COUNTRY ROAD</del> 11 STANNIX ST.	<del>LINCOLN MA 01770</del> PITTSBURGH, PA 15202
<del>D</del> AS	<del>STONER, THOMAS H</del> CARPENTER, VERNON J.	<del>17 SOUTHGATE AVENUE</del> 565 FIFTH AVE.	<del>ANNAPOLIS MD 21401</del> NEW YORK, NY 10017

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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

State

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.

Signature of  
Registered Agent

*[Signature]*

Jonathan R. Giddings  
Assistant Secretary

Date 11/23/99

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Clare Mc Morrow - Castro

11/3/99

Date

212-975-4415  
Daytime Phone #

CR2094 (Rev)