

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 MAR -3 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005577

1. Corporation Name

NBC STATIONS MANAGEMENT, INC.

REINSTATEMENT 02-03

2. Principal Office Address

30 Rockefeller Plaza

3. Mailing Office Address

30 Rockefeller Plaza

Suite, Apt. #, etc.

Room 1080E

Suite, Apt. #, etc.

Room 1080E

City & State

New York, NY

City & State

New York, NY

Zip

10112

Country

US

Zip

10112

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/27/1994

5. FEI Number

84-0418275

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

CT CORPORATION SYSTEM

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jim E. Kranz

Assistant Secretary

Date

Feb -24, 2003

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
AS	Elizabeth A. Newell	30 Rockefeller Plaza, Room 1080E	New York, NY 10112
D P	Donald Browne	316 N. Miami Avenue	Miami, FL 33128
V	Thomas Cairns	316 N. Miami Avenue	Miami, FL 33128
D S	Lawrence P. Tu	30 Rockefeller Plaza, Room 1080E	New York, NY 10112
AS	Andrea Maya Windholz	30 Rockefeller Plaza, Room 1080E	New York, NY 10112
AT	Todd Davis	30 Rockefeller Plaza, Room 1080E	New York, NY 10112

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:

Elizabeth A. Newell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03
Date

212-664-3307

Daytime Phone #