Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

CHANNEL ONE COMMUNICATIONS CORPORATION

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005897

1. Corporation Name

CHANNEL ONE COMMUNICATIONS CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3585 Engineering Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Norcross, GA	City & State
Zip: 30092 Country: USA	Zip Country

CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 13-3783278 ☐ Applied For ☐ Not Applica

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee req for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except i circumstances which the entity did not receiv the prior notices. By checking this box, yo are certifying the prior notices were no received and requesting the reinstatemen fee be waived.

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: Ternell Kearney Asst. Secretary Date: 2/26/09

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
	See attached.		

RH

REINSTATEMENT

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 contained in Chapter 119, F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Kristi O. Crawford, Asst. Sec. 2/26/09 678-421-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION: Channel One Communications Corporation
Document #: F94000005897

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Names and Street Addresses of Each Officer and/or Director:

Titles	NAME	NUMBER & STREET	CITY	STATE	ZIP
Chairman	Dean B. Nelson	9 West 57th Street, Suite 4160	New York	NY	10019
President and Chief Executive Officer	Charles J. Stubbs(	3585 Engineering Drive, Suite 100	Norcross	GA	30092
Senior Vice President and Chief Financial Officer	Kim R. Payne	3585 Engineering Drive, Suite 100	Norcross	GA	30092
Senior Vice President, General Counsel and Secretary	Keith L. Belknap	3585 Engineering Drive, Suite 100	Norcross	GA	30092
Vice President and Treasurer	William A. Mayer	3585 Engineering Drive, Suite 100	Norcross	GA	30092
Vice President - Taxes	Michael R. Shaw	3585 Engineering Drive, Suite 100	Norcross	GA	30092
Assistant Secretary	Kristi O. Crawford	3585 Engineering Drive, Suite 100	Norcross	GA	30092
Director	Dean B. Nelson	9 West 57th Street, Suite 4160	New York	NY	10019
Director	Charles J. Stubbs	3585 Engineering Drive, Suite 100	Norcross	GA	30092
Director	Kim R. Payne	3585 Engineering Drive, Suite 100	Norcross	GA	30092