

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

**FILED**

01 MAR -2 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F96 000 001119

1. Corporation Name

VERIZON MEDIA VENTURES INC.

100003851431--0

-03/13/01--01115--014

\*\*\*\*908.75 \*\*\*\*908.75

2. Principal Office Address

6665 N. MacArthur Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 152203

Suite, Apt. #, etc.

City & State

IRVING, TX

City & State

IRVING, TX

Zip

75039

Country

USA

Zip

75015-2203

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1996

5. FEI Number

75-2616008

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

C T 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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Vivianne Jones*

REGISTERED AGENT MUST SIGN

**Vivianne Jones**  
Special Assistant Secretary

Date

13/1/2001

**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
P/D	Christopher D. Owens	6665 N. MacArthur Blvd.	Irving, TX 75039
VP/T	Lawrence R. Whitman	"	"
VP	Brian B. Taylor	"	"
VP	Thomas N. Tiscione	"	"
S/D	Marianne Drost	"	"
AS	Londa C. Perrett	"	"
AS	Bruce Kazee	"	"
AT	Janet M. Garrity	"	"
D	Anna Marie Moran	"	"

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:**

*Tiscione*

**Thomas N. Tiscione, VP**

**03/01/01**

**972-718-8325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #