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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -4 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003279

1. Corporation Name

BET Acquisition Corp

2. Principal Office Address

1235 W Street, NE

3. Mailing Office Address

40 Michael D. Frickles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1515 Broadway

City & State

Washington, DC

City & State

New York NY

Zip

Country

20018

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/98

5. FEI Number

521769310

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

Deborah D. Skipper

Deborah D. Skipper

Date 6/4/02

REGISTERED AGENT MUST SIGN Asst. V. Pres.

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
PR	Debra L. Lee	1235 W Street, NE	Washington, DC 20018
SC	Michael D. Frickles	1515 Broadway	New York, NY 10036
TR	Robert G. Freedline	1515 Broadway	New York, NY 10036

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:

John R. Fuers

John R. Fuers
Asst. Secretary

Date

5/30/02

Daytime Phone #

212 - 258-6847



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ACCOUNT NO. : 072100000032

REFERENCE : 606782 4319220

AUTHORIZATION

Patricia Pigato

COST LIMIT : \$ 900.00

ORDER DATE : June 3, 2002

ORDER TIME : 12:24 PM

ORDER NO. : 606782-005

CUSTOMER NO: 4319220

CUSTOMER: Ms. Dolores A. Riccuitti
Viacom Inc.
1515 Broadway
51st Floor
New York, NY 10036

REINSTATEMENT

NAME: BET ACQUISITION CORP.

RECEIVED
02 JUN -4 PM 1:27
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, eXt .1135

EXAMINER'S INITIALS _____