

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L01000020993**

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**FILED**

1. DOCUMENT # L01000020993

Name and Mailing Address

02 OCT 29 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000130 01 FP 0.352 \*\*PRSR T1 0 0615 33131-432925



FU-TV, LLC  
201 S. BISCAYNE BLVD.  
SUITE 1700  
MIAMI FL 33131-4329



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2001	
Principal Place of Business 201 S. BISCAYNE BLVD. SUITE 1700 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1158185	Applied For Not Applicable
8. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD. SUITE 1700 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>REINSTATEMENT 2002</b> City <b>FL</b> Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [Signature] Date: 10/25/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Michael J. Schlesinger	201 S. Biscayne Blvd. #1700	Miami FL 33131

100008665991  
10/29/02--01069--005 \*\*150.00

10/30 ust

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [Signature] Date: 10/26/02 Daytime Phone #: 305-379-9000

Typed or printed name of signing Managing Member/Manager: Michael J. Schlesinger Managing Member