

APPROVAL
AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 JAN 14 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # **L99000001284**

1. Limited Liability Company's Name

URBAN RADIO OF FLORIDA, LLC

REINSTATEMENT

2001-
2002

2. Principal Office Address
3 Park Avenue

3. Mailing Office Address
3 Park Avenue

Suite, Apt. #, etc.
40th Floor

Suite, Apt. #, etc.
40th Floor

City & State
New York, NY

City & State
New York, NY

Zip Country
10016 USA

Zip Country
10016 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida March 8, 1999

6. FEI Number
522252432

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

8. 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

900004778509--3

Suite, Apt. #, Etc.

01/16/02--01058--001

***205.00 ***205.00

City
Plantation

State Zip Code
FL 33324

9. 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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 1/14/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Urban Radio, LLC	3 Park Avenue, 40th Fl.	New York, NY 10016
MGR	Pierre M. Sutton	3 Park Avenue, 40th Fl.	New York, NY 10016
MGR	Lois E. Wright	3 Park Avenue, 40th Fl.	New York, NY 10016

11. 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

Jay W. Dwyer

Date 01/10/02

Daytime Phone# (912) 592-0408

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)