

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

2003 NOV 19 PM 3:44

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000001284
 Name and Mailing Address

0014802 01 AB 0.301 **AUTO H5 0 0615 10016-590240



URBAN-RADIO OF FLORIDA, LLC
 3 PARK AVE., 40TH FLOOR
 NEW YORK NY 10016-5902

100025196804

12/02/03--01064--035 **155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/08/1999	
Principal Place of Business 3 PARK AVE., 40TH FLOOR NEW YORK NY 10016	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2252432	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	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: PETER F. SOUZA REGISTERED AGENT MUST SIGN Date: <u>11/13/02</u>			

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	URBAN RADIO, LLC	3 PARK AVE., 40TH FLOOR	NEW YORK NY 10018
MGR	SUTTON, PIERRE M	3 PARK AVE., 40TH FLOOR	NEW YORK NY 10018
MGR	WRIGHT, LOIS E	3 PARK AVE., 40TH FLOOR	NEW YORK NY 10018

REINSTATEMENT 2003

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: **LOISE WRIGHT** Date: 10/28/03 Daytime Phone # 212-592-0408
 Typed or printed name of signing Managing Member/Manager: LOISE WRIGHT

CR2E034 (7/03)