


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 JAN 30 PM 6:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>BN</i>	
DOCUMENT # L99000005313					
1. Limited Liability Company's Name Lexicon Media, L.L.C.					
2. Principal Office Address 5922 Cherry Oak Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address Same <small>Suite, Apt. #, etc.</small>		4. State/Country of Formation Florida	
City & State Valrico		City & State		5. Date Organized or Qualified To Do Business in Florida August 25, 1999	
Zip FL	Country USA	Zip	Country	6. FEI Number 01-0590120 <small>Applied For Not Applicable</small>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>					
8. 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					
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 <i>Cynthia L. Harris</i> Cynthia L. Harris <small>REGISTERED AGENT MUST SIGN</small> Asst. Secretary Date 1/29/04					
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		
MGR	Raymond J. Briscoe	5922 Cherry Oak Dr.	Valrico, FL 33594		
MGR	Kenneth Skillman	6306 S. MacDill Ave., #403	Tampa, FL 33611		
REINSTATEMENT 2003-2004					
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 <i>Ray Briscoe</i> Date 1/25/04 Daytime Phone # 813-902-9700					
Typed or printed name of signing Managing Member/Manager RAY BRISCOE					

CR2E041 (10/02)