


2002-2003 **LLC DE** COMPLETING THIS FORM *of 2*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 23 PM 1:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 01/28/03--01069--006 **100.00

1. DOCUMENT # M00000001172

Name and Mailing Address

0007460 01 FP 0.352 **PRSRT T3 0 0615 36609-197099
 URBAN RADIO BROADCASTING, LLC
 ONE OFFICE PARK, SUITE 308
 MOBILE AL 36609-1970



2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business ONE OFFICE PARK, SUITE 308 MOBILE AL 36609		3. New Principal Place of Business Address 273 Azalea Rd H1-308 City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 06/15/2000
		6. FEI Number 58-2518492	Applied For Not Applicable
8. Name and Address of Current Registered Agent PASTERNAK, MARSHALL R P.A. 200 S. BISCAYNE BOULEVARD, SUITE 2500 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: CorpDirect Agents Inc. Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street City: Tallahassee FL Zip Code: 32301	

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: *Pam Wolfe* Date: *1-23-03*
 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
MGR	WAGNER, KEVIN	21300 SAN SIMEON WAY, R1	N MIAMI BEACH FL 33178

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: *Monte Saunders* Date: *12-31-02* Daytime Phone #: *251-343-4900*
 Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 30, 2002

Limited Liability Company
Division of Corporations
PO Box 6478
Tallahassee, FL. 32314-6478

Dear Sir or Madam:

I spoke with a representative in your office upon receipt of the enclosed "Application for Reinstatement". I explained that we had not received the original 2002 uniform business report. I was not aware it was delinquent until receipt of this notice.

I was asked to forward the payments less any additional charges and to request an abatement of the reinstatement fees.

This letter is to serve as a request for the abatement of those reinstatement fees. Please consider my request and let me know.

Sincerely,

A handwritten signature in cursive script that reads "Monte K. Saunders".

Monte K. Saunders
VP/Controller

Cc: Kevin Wagner