

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

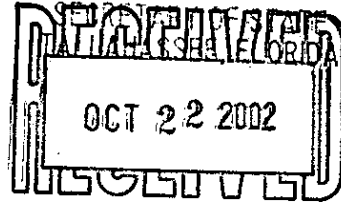
APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN 23 PM 2:29



1. DOCUMENT # M0000001179

Name and Mailing Address

0007461 01 FP 0.352 **PRVRT T3 0 0615 36609-197099
URBAN RADIO LICENSES, 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		5. Date Organized or Qualified To Do Business in Florida 06/15/2000	
3. New Principal Place of Business Address 273 Azalea Rd #1-308 City, State, Zip		6. FEI Number 58-2518493	Applied For Not Applicable
8. Name and Address of Current Registered Agent PASTERNAK, MARSHALL R P.A. 200 S. BISCAYNE BLVD., 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: <u>Sam Wolfe</u> Date: <u>1-23-03</u> 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 33179
			700011778677 02/04/03--01039--004 **100.00

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: Mario Saunders Date: 12-31-02 Daytime Phone #: 251-343-7900

CR2E084 (8/02)



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,

Monte K. Saunders
VP/Controller

Cc: Kevin Wagner