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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # _M 0000000 13 80_

REINSTATEMENT 2001

1. Limited Liability Company's Name

Marlin Broadcasting, LLC

2. Principal Office Address	**3.** Mailing Office Address	
c/o Tanger Properties 32 Fairfield Street	Same	**4.** State/Country of Formation: Delaware
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida: 7/11/2000
City & State: Boston, MA	City & State	**6.** FEI Number: 06-1578859 — Applied For — X Not Applicable
Zip 02116 — Country USA	Zip — Country	**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

Suite, Apt. #, Etc.

City: Plantation   State: FL   Zip Code: 33324

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-10/30/01--01002--004
******5.00 ******5.00

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****150.00 ****150.00

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 Asst. Sec.   Date _10-26-01_
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Howard P. Tanger	c/o Tanger Properties 32 Fairfield Street, Boston	Boston, MA 02116
Manager	Alexander M. Tanger	Same as above	
Manager	Thomas W. Davidson	Same as above	

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 _Howard P Tanger_ Date _10/25/01_ Daytime Phone # _(617) 267-0515_

Typed or printed name of signing Managing Member/Manager   Howard P. Tanger

CR2E041 (9/01)