

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

03 NOV 21 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003047

Name and Mailing Address

0016773 01 MB 0.309 **AUTO T1 0 0615 78209-832800
CDC/SMT BROADCAST, LLC
200 E. BASSE ROAD
SAN ANTONIO TX 78209-8328

700023644077

10/08/03 01029 0025 \$50.00



| | | | |
|---|-----------------------------------|---|----------------------|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation DE | |
| Principal Place of Business 200 E. BASSE ROAD SAN ANTONIO TX 78209 | | 5. Date Organized or Qualified To Do Business in Florida 11/15/2002 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 68-0534900 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 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 <u>REA Wallace</u> Date <u>10/24/03</u> REGISTERED AGENT SECRETARY | | | |
| 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 | MAYS, L LOWRY | 200 E. BASSE ROAD | SAN ANTONIO TX 78209 |
| MGR | MAYS, MARK P | 200 E. BASSE ROAD | SAN ANTONIO TX 78209 |
| MGR | ROSALES, STEPHANIE A | 200 E. BASSE ROAD | SAN ANTONIO TX 78209 |
| MGR | WYKER, KENNETH E | 200 E. BASSE ROAD | SAN ANTONIO TX 78209 |
| REINSTATEMENT 2003 | | 100024898121 11/21/03--01008--006 **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

Typed or printed name of signing Managing Member/Manager

STEPHANIE A. ROSALES

Daytime Phone # (210) 932-3534