PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -3 PM 5:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M04000000946

1. Limited Liability Company's Name
Fox News Network, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
1211 Avenue of the Americas	1211 Avenue of the Americas
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10036 Country: USA	Zip: 10036 Country: USA

4. State/Country of Formation: Delaware
5. Date Organized or Qualified To Do Business In Florida: 03/10/2004
6. FEI Number: 954599369 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, Etc: Ste 4
City: Weston State: FL Zip Code: 33331

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: By: Lisa Reeves Lisa Reeves, Assistant Secretary 11/4/06
REGISTERED AGENT MUST SIGN

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
SVP	Dianne Brandi	1211 Avenue of the Americas	New York, NY 10036
		100081439881 11/03/06--01034--002 **200.00	

REINSTATEMENT 2005 2006

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: Dianne Brandi Date: 11/2/06 Daytime Phone #: 212.301.3000

Typed or printed name of signing Managing Member/Manager: Dianne Brandi