

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 JUN -8 PM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000002120

1. Limited Liability Company's Name

NEWSBYTES COMPANY LLC

2. Principal Office Address - No P.O. Box #

1111 Stewart Ave.

Suite, Apt. #, etc.

City & State

Bethpage, NY

Zip

11714

Country

USA

3. Mailing Office Address

1111 Stewart Avenue

Suite, Apt. #, etc.

City & State

Bethpage, NY

Zip

11714

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

6/2/2004

6. FEI Number

20-0211413

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

ewahlen@cablevision.com

(To be used for future annual report notices)

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

Jeanine Reynolds
as its agent

Date

6-7-11

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
MGRM	VOOM HD Holdings LLC	1111 Stewart Avenue	Bethpage, NY 11714

REINSTATEMENT - 2006 - 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date 6/3/11

Daytime Phone # 5168032574

Typed or printed name of signing Managing Member/Manager Victoria D. Saihus

C-L