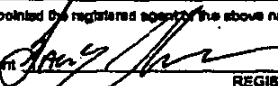


M05000000502

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000000502			
1. Limited Liability Company's Name ARENA MEDIA NETWORKS LLC			
REINSTATEMENT 2006-2007			
2. Principal Office Address 404 Park Avenue South Suite, Apt. #, etc.		3. Mailing Office Address 404 Park Avenue South Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10016	Country USA	Zip 10016	Country USA
4. State/Country of Formation New York		5. Date Organized or Qualified To Do Business in Florida 09/15/2006	
6. FEI Number 51-0501076		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		55.00 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 4			
Suite, Apt. #, Etc.			
City Weston		State FL	Zip Code 33331
9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent 		Gary Sherman, Asst. Secy. Date 10/9/07	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Arthur Williams	404 Park Avenue South	New York, NY 10016
MGR	Thomas Kierman	404 Park Avenue South	New York, NY 10016
MGR	David Roberts	404 Park Avenue South	New York, NY 10016
MGR	William R. Retterath	331 32nd Avenue	Brookings, SD 57006
MGR	James Morgan	331 32nd Avenue	Brookings, SD 57006
MGR	Kirk Simet	331 32nd Avenue	Brookings, SD 57006
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 		Date 10/9/07	Daytime Phone# 212-779-2881
Typed or printed name of signing Managing Member/Manager Arthur Williams - Manager			

BK

CR2E041 (8/05)

FILED
07 OCT -9 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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