M05000000502

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

DOCUMENT # M05000000502

1. Limited Liability Company's Name
ARENA MEDIA NETWORKS LLC

REINSTATEMENT 2006-2007

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
404 Park Avenue South		404 Park Avenue South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10016	USA	10016	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 ☐ $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 4

Suite, Apt. #, Etc.:

City: Weston | State: FL | Zip Code: 33331

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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: 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 Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Arthur Williams	404 Park Avenue South	New York, NY 10016
MGR	Thomas Kiernan	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 #: 212-779-2024

Typed or printed name of signing Managing Member/Manager: Arthur Williams - Manager