PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT 24 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

**REINSTATEMENT** 2011

DOCUMENT # M08000004353

1. Limited Liability Company's Name

CLEAR CHANNEL BRANDED CITIES, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2850 E CAMELBACK RD | 2850 E CAMELBACK RD |
| Suite, Apt. #, etc.: STE 110 | Suite, Apt. #, etc.: STE 110 |
| City & State: PHOENIX, AZ | City & State: PHOENIX, AZ |
| Zip: 85016 Country: US | Zip: 85016 Country: US |

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business In Florida: 09/24/2008

6. FEI Number: 26-2294530 ☐ 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 STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE, State: FL Zip Code: 78209

E-mail Address:

700213594617
10/24/11--01002--024 **243.75

MPUZIO@ELLMANCO.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** Corporation Service Company Paula S. Collins Assistant Sec Date 09-29-2011
Paula S. Collins REGISTERED AGENT MUST SIGN Assistant Secretary

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 |
|---|---|---|---|
| President & CEO | Ellman Signage Management LLC, Its Manager; By: Steven M. Ellman, President | 2850 E CAMELBACK RD, STE 110, | PHOENIX, AZ 85016 |
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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 10/3/11 Daytime Phone # 602 840-3000

Typed or printed name of signing Managing Member/Manager _____