

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M09000004027

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** HALIFAX MEDIA ACQUISITION LLC

**Current Principal Place of Business:**

111 CENTER STREET, STE 2500  
LITTLE ROCK, AR 72201

**New Principal Place of Business:**

901 SIXTH STREET  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

111 CENTER STREET, STE 2500  
LITTLE ROCK, AR 72201

**New Mailing Address:**

901 SIXTH STREET  
DAYTONA BEACH, FL 32117

**FEI Number:** 27-1136347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JESSICA L. GARDNER, ASST SECRETARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** FARROW, JACKSON JR  
**Address:** 111 CENTER STREET, STE 2500  
**City-St-Zip:** LITTLE ROCK, AR 72201

**Title:** MGR  
**Name:** PHILLIPS, RUPERT  
**Address:** 66 N. HOLIDAY ROAD  
**City-St-Zip:** MIRAMAR BEACH, FL 32550

**Title:** MGR  
**Name:** REDDING, MICHAEL  
**Address:** 901 SIXTH STREET  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** MGR  
**Name:** STAUSS, NOEL  
**Address:** 111 CENTER STREET, STE 2500  
**City-St-Zip:** LITTLE ROCK, AR 72201

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** MICHAEL REDDING

MGR

09/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date