

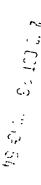
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ĉi | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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OCT 24 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | |
|---|--|--|--|
| REFERENCE : 020767 7687982 | | | |
| AUTHORIZATION : Lower Cleran | | | |
| COST LIMIT : 7 25.00 | | | |
| ORDER DATE: October 22, 2019 | | | |
| ORDER TIME : 9:06 AM | | | |
| ORDER NO. : 020767-005 | | | |
| CUSTOMER NO: 7687982 | | | |
| | | | |
| FOREIGN FILINGS | | | |
| | | | |
| NAME: PALM BEACH BROADCASTING LICENSE LLC | | | |
| | | | |
| CORPORATE LIMITED PARTNERSHIP | | | |
| XXX LIMITED LIABILITY COMPANY | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | |
| CERTIFIED COPY | | | |
| XX PLAIN STAMPED COPY CERTIFICATE OF STATUS | | | |

EXAMINER:

CONTACT PERSON: Kadesha Roberson - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| PALM BEACH | BROADCASTING LICENSE LLC | |
|----------------|---|----------|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | 1, |
| 06/27/2012 | | |
| | (Date registered with Florida Department of State) | • |
| M1200000361 | I | • |
| | (Florida Document Number) | |
| | | |
| This limited l | iability company is withdrawing its certificate of authority in this state. | |
| Effective Date | e, if other than the date of filing:(o | ptional) |
| | e date is listed, the date must be specific and cannot be prior to date of t days after filing.) | iling or |
| Note: If the d | ate inserted in this block does not meet the applicable statutory filing re not be listed as the document's effective date on the Department of Stat | |
| | /s/ Brad Harris | |
| | (Signature of authorized representative) | |
| | Brad Harris, Authorized Representative | |
| | (Typed or printed name of signee) | |

Filing Fee: \$25.00