

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

M9700000437

FILED

00 OCT 11 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

m97000000437

1. Limited Liability Company's Name

C-34 FCC Licensee Subsidiary, LLC

10/14/99

2. Principal Office Address

630 Fifth Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10111

Country

USA

3. Mailing Office Address

630 Fifth Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10111

Country

USA

State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

07/23/97

6. FEI Number

650768333

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100003438321-5
-10/25/00--01015--006
****205.00 ****205.00

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date **10/11/2000**

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
MGR	Edward T. Karlik	6300Fifth Avenue	New York, NY 10101
MGR	M. Steven Langman	6300Fifth Avenue	New York, NY 10101
MGR	Nancy Cooper	6300Fifth Avenue	New York, NY 10101
MGR	Colin Hall	630 Fifth Avenue	New York, NY 10111

REINSTATEMENT 1999-2000

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

Colin Hall

Date **10-10-2000** Daytime Phone # **(212) 218-6769**

Typed or printed name of signing Managing Member/Manager **Colin Hall, on behalf of Channel 34 Television Station, Inc.**

CR2E041 (9/99)