

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 AM 11:40

DOCUMENT # 197000000437

1. Limited Liability Company's Name

C-34 FCC Licensee Subsidiary, LLC

REINSTATEMENT

2001-
2002

2. Principal Office Address

c/o Michael D. Fricklas
1515 Broadway

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10036

Country

USA

3. Mailing Office Address

c/o Michael D. Fricklas
1515 Broadway

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10036

Country

USA

4. State/Country of Formation

Delaware/USA

5. Date Organized or Qualified
To Do Business in Florida

7/23/1997

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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

Anne M. Martin

REGISTERED AGENT MUST SIGN Asst. V. P.

Date February 28, 2002

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
Sole member	Channel 34 Television Station Inc.	c/o Michael D. Fricklas 1515 Broadway	New York, NY 10036
	REINSTATEMENT	2001-2002	5088005109695

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

Jane R. Fuerst

Date 2/13/02

Daytime Phone #

212-258-6847

Typed or printed name of signing Managing Member/Manager

Jane R. Fuerst

VP & ASST. SEC. OF CHANNEL 34

TELEVISION STATION, INC.

CR2E041 (9/00)

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 418658 4319220

AUTHORIZATION :

Patricia Knight

COST LIMIT : \$ ~~900.00~~ 200

ORDER DATE : February 27, 2002

ORDER TIME : 11:07 AM

ORDER NO. : 418658-020

CUSTOMER NO: 4319220

CUSTOMER: Ms. Dolores A. Riccuiatti
Viacom Inc.
1515 Broadway
51st Floor
New York, NY 10036

DOMESTIC FILINGS

NAME: C-34 FCC LICENSEE SUBSIDIARY,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

STATEMENT OF
EXAMINER'S INITIALS
DIVISION 9-156
TALLAHASSEE, FLORIDA

RECEIVED
02 MAR 15 AM 8:34

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 15 AM 11:40

REINSTATEMENT