PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 JUL 12 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # m99000001389

REINSTATEMENT 2001-2002

1. Limited Liability Company's Name

The Cleveland Browns Holdings LLC

2. Principal Office Address	**3.** Mailing Office Address
76 Lou Groza Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Berea, OH	City & State: Same
Zip: 44017 Country: Cuyahoga	Zip: Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 34-1875650 ☐ 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: C T Corporation System

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-07/15/02--01081--004
****200.00 ****200.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.: Plantation, Florida 33324

City | State: FL | Zip Code

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: JOYCE A. GILBERT ASSISTANT SECRETARY Date: 7-8-02

REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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
Mgrm Member	Alfred Lerner	76 Lou Groza Blvd.	Berea, OH 44017
Mgrm Member	Carmen Policy	76 Lou Groza Blvd.	Berea, OH 44017

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: Carmen Policy Date: 4/20/02 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: CARMEN A. POLICY