


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -2 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000154356		
1. Entity Name WFOL TV 4, INC		

Principal Place of Business 2025 SURFSIDE TERRACE VERO BEACH, FL 32963	Mailing Address PO BOX 7080 VERO BEACH, FL 32961
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2. Principal Place of Business - No P.O. Box # 2025 Surfside Terrace	3. Mailing Address P.O. Box 7080
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach FL	City & State Vero Beach FL
Zip 32963	Zip 32962
Country USA	Country USA



09242007 REIN-P CR2E098 (1/07)

4. FEI Number 52-2122200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARTON, LEWIS 2025 SURFSIDE TERRACE PO BOX 7080 VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *L. Barton* DATE 9/28/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTON, ATHENA PO BOX 7080 VERO BEACH, FL 32961 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000110182560 10/02/07--01039--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTON, LEWIS L PO BOX 7080 VERO BEACH, FL 32961 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTON, ATHENA PO BOX 7080 VERO BEACH, FL 32961 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Barton* DATE 9/28/07 DAYTIME PHONE # 772317400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/07