

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 25 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000070653

1. Corporation Name

ION Media Memphis License, Inc.

2. Principal Office Address - No P.O. Box #

601 Clearwater Park Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

Zip

33401-6233

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
6/18/2007

5. FEI Number

26-0410900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William L. Watson, ESQ

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

601 Clearwater Park Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401-6233

400244022794
01/25/13--01020--001 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

William L. Watson

Date **1/24/2013**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	R. Brandon Burgess	601 Clearwater Park Road	West Palm Beach, Florida 33401-6233
CEO/P	R. Brandon Burgess	601 Clearwater Park Road	West Palm Beach, Florida 33401-6233
VP/T	Jeffrey J. Quinn	601 Clearwater Park Road	West Palm Beach, Florida 33401-6233
S	William L. Watson	601 Clearwater Park Road	West Palm Beach, Florida 33401-6233

10. E-mail Address: **biancafrye@ionmedia.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William L. Watson

William L. Watson

1/24/2013

561-682-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #