PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 11 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12925

1. Corporation Name
UNIVISION OF TAMPA, INC.

N02000084772

600009735496
12/30/02--01020--015 **8.75

2. Principal Office Address	**3.** Mailing Office Address
9405 NW 41ST ST.	500 FRANK W. BURR BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SIXTH FLOOR
City & State	City & State
MIAMI, FL	TEANECK, NJ
Zip / Country	Zip / Country
33178	07666

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2776456 ☐ 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: CT CORPORATION SYSTEM

600009735496
12/30/02--01020--016 **900.00

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

REINSTATEMENT 01-02

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan — REGISTERED AGENT MUST SIGN

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date: 12/11/02

CR2E081 (9/01)

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
DIR PRES	ROBERT V. CAHILL	1999 AVE. OF THE STARS, STE 3050	LOS ANGELES, CA 90067
DIR VP/SEC'Y	C. DOUGLAS KRANWINKLE	1999 AVE OF THE STARS, STE 3050	LOS ANGELES, CA 90067
TREAS	GEORGE W. BLANK	500 FRANK W. BURR BLVD, 6TH FL.	TEANECK, NJ 07666
VP/ ASST. SEC'Y	ANDREW W. HOBSON	1999 AVE OF THE STARS, STE 3050	LOS ANGELES, CA 90067

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: X _____ GEORGE W. BLANK 12/03/02 201-287-4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #