PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 APR 16 AM 10: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #724159

WORLD CHAMPIONSHIP WRESTLING, INC.

Mailing Address

	Box 1	NN Center 05366 ta, GA 30348-53	366			REINS	TATEMEN	Tan-US	***	
				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #			Suite, Apt. #,	etc.		5. FEI Number 58–18				
Zip		Country	Zip	Co	untry	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of State	uired	
7. Names and Street Addresses of Each Officer and/or Director (Floratille(s) Name of Officers and/or Directors 2				orida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City	(State / Z/p)	148	
Dir/ Pres. Dir/	Harvey W. Schiller			One CNN Center			Atlanta, GA	30348-5366		
VP/Trea	P/Treas Wayne H. Pace Dir/				One CNN Center			Atlanta, GA 30348-5366		
VP/Sec.	·)			One CNN Center			Atlanta, GA 30348-5366			
VP	P Warren A. Christie			1271 Avenue of the Americas			New York, NY 10020			
VP	Spencer B. Hays			75 Rockefeller Plaza		New York, NY 10019				
sst.Sec Marie N. White B. Name and Address of Current Registered Age				75 Rockefeller Plaza			New York, NY 10019 d Address of New Registered Agent			
1201 Talla	Hays Stansee	-Hall Corporati treet, Suite 10 , FL 32301	95	Street Address (P.O. Box Number 526 E. Park Avenu			is Not Acceptable) ae -04/21/98 ***1050 8	46617 -01021020 4° ****1950.00	7	
10. I, being Signature of Registered A		e registered agent of the abo	roce	ration, am familia	r with and accept the o	bligations of Secti	Date 4/2	198		
		ration owes or ha Personal Propert				l No 🗆		side for information tangible tax.)		
						was also also also				

12. 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 filling this reinstalement 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.

Assistant Secretary

SIGNATURE:

March Shets
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/98

212-484-7596