APPROVED AND FILED

98 JAN 22 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

[redacted]

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045800 (5)

1. Corporation Name
BAY AREA LICENSE, INC

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
18940 U.S. HWY. 19 NORTH CLEARWATER FL 34624	~~18940 U.S. HWY. 19 NORTH CLEARWATER FL 34624-3185~~

3. Date Incorporated or Qualified: 05/30/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Bruce S. Goldstein
Suite, Apt #, etc.	Suite, Apt #, etc. Goldstein & Marks
22	27 500 E. Kennedy Blvd., #200
City & State	City & State
23	28 Tampa, FL
24 Zip / 25 Country	29 Zip 33602 / 30 Country USA

4. FEI Number: 13-3903634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

GOLDSTEIN, BRUCE S
~~RYDBERG & GOLDSTEIN, P.A.~~ Goldstein & Marks
500 E. KENNEDY BLVD., STE. 200
TAMPA FL 33602-4825

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 1/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RUSSELL BERMAN, ASSISTANT SECRETARY 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036-7798 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition 600002415276--5 -01/28/98--01108--003 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GUY G. BEAUDRY, DIRECTOR 300 VIGER AVENUE EAST MONTREAL (QUEBEC) H2X 3W4 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition REINSTATEMENT 97-98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALAIN MICHEL, SR. VP & CFO 300 VIGER AVENUE EAST MONTREAL (QUEBEC) H2X 3W4 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition G. Alan Jan 22, 1998
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUZANNE RENAULT, VP LEGAL AFFAIRS & SECRETARY 300 VIGER AVENUE EAST MONTREAL (QUEBEC) H2X 3W4 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition 600002415276--5 -01/28/98--01108--004 350.00 ****350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 11/22/97 V.P.