APPROVED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING S FORM. FLORIDA DEPARTMENT OF STATE 01 MAR 23 PM 1:08 CORPORATION **Katherine Harris** REINSTATEMENT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS 18000090188 DOCUMENT # 1. Corporation Name Kime Time Radio, Inc. 2. Principal Office Address 3. Mailing Office Address 1945 So. MLK Bit 1945 Sp. MLR Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 10/22 To Do Business in Florida City & State City & State 5. FEI Number Applied For 2/12., 7.3554399 Not Applicable Country Zip Country CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required 6. 22301 1 E61 7. Name and Address of Current Registered Agent Name R. E. 200003907972 6 100 03/23/01--01091--00 Street Address (P.O. Box Number is Not Acceptable) ****17.50 Her tin Suite, Apt. #, Etc. State Zip Code City 3230 al FL hassee, R2E081 (9/00 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** REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each City / State / Zip Titles Officers and/or Directors Officer and/or Director putin Luthorking . دالد 1230/ 200003907972----6 ***1200.00 ***1050.00 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 is equal to this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is trive and accurate, and my signature shall have the same legal effect as if made under cath. 03 51 SIGNATURE: GNATURE AND T OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #