

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

HA

REINSTATEMENT 01-02

DOCUMENT # P99000110340

1. Corporation Name

LITTLE RIVER PRESS, INC.

2. Principal Office Address

4301 NW 37 AVENUE

3. Mailing Office Address

4301 NW 37 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/99

5. FEI Number

65-0972845

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

600004912016--9

-02/12/02--01062--007

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

1200 S. Pine Island Road

\*\*\*900.00 \*\*\*900.00

Suite, Apt. #, Etc.

FL 33327

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 Asst.*

Date 1-31-02

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
PR/DIR	Ron Jensen	595 Market St.	San Francisco, CA 94105
DIR	Peter Stein	595 Market St.	San Francisco, CA 94105
DIR	James McBride	595 Market St.	San Francisco, CA 94105
CFO/SEC	Ron Jensen	595 Market St.	San Francisco, CA 94105
ASST. SEC	Peter Dunne	4301 NW 37 Avenue	Miami, FL 33142
ASST. TREAS	Peter Dunne	4301 NW 37 Avenue	Miami, FL 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. McBride*

12.21.01

Date

Daytime Phone #

415.618.3103

CR2E081 (2/00)

**CT CORPORATION**

CORPORATION(S) NAME

Sonic-FM Nissan, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|  | <input checked="" type="checkbox"/> Reinstatement |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report            | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

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02 JAN 30 AM 11:14  
DIVISION OF CORPORATION

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

1/30/02

Order#: 5085071

**FILE FIRST**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615