

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f3

**CORPORATION
REINSTATEMENT**



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

FILED
00 NOV 22 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F98000003093**

1. Corporation Name

Broadcast.Com Inc.

2. Principal Office Address

301 W. Crowder St.

Suite, Apt. #, etc.

City & State

Dallas, TX

Zip

75226

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

9900

4. Date Incorporated or Qualified
To Do Business in Florida

June 1, 1998

5. FEI Number

75-2600532

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Louise B Smith

Louise B Smith

Date **11/21/2000**

REGISTERED AGENT MUST SIGN **Asst. V.P.**

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
	See Attached		

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

John Place
**John Place, Vice President
and Secretary**

Date

11/15/00 (408) 731-3300

Daytime Phone #

CR2E081 (9/99)

203

OFFICERS AND DIRECTORS OF BROADCAST.COM INC.

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>
President and CEO and Sole Director	Timothy Koogle	3420 Central Expressway	Santa Clara, CA 95051
Chief Financial Officer	Susan Decker	3420 Central Expressway	Santa Clara, CA 95051
Vice President and Controller	James Nelson	3420 Central Expressway	Santa Clara, CA 95051
Vice President and Secretary	John Place	3420 Central Expressway	Santa Clara, CA 95051
Assistant Secretary	Belinda Johnson	3420 Central Expressway	Santa Clara, CA 95051



ACCOUNT NO. : 072100000032

REFERENCE : 906640 5145190

AUTHORIZATION :

Patricia Pryor

COST LIMIT : \$ 900.00

ORDER DATE : November 21, 2000

ORDER TIME : 9:26 AM

ORDER NO. : 906640-005

CUSTOMER NO: 5145190

CUSTOMER: Ms. Paula Barsamian
YAHOO! INC..
YAHOO! INC.
3420 Central Expressway
Santa Clara, CA 95051

DOMESTIC FILING

NAME: BROADCAST.COM INC.

EFFECTIVE DATE:

XX REINSTATEMENT
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED
00 NOV 22 PM 4:42
DEPARTMENT OF STATE
DIVISION OF CONCORDANCE
TAMARAC, FLORIDA
CONTACT PERSON: Tamara C