

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



03 MAY 22 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003093

1. Corporation Name

BROADCAST.COM INC.

Principal Place of Business

301 N. CROWDUS ST.
DALLAS TX 75226

Mailing Address

301 N. CROWDUS ST.
DALLAS TX 75226

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1998

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCEO	KOOBLE, TIMOTHY Semel, Terry	3420 CENTRAL EXPRESSWAY 701 First Avenue	SANTA CLARA CA 95051 Sunnyvale, CA 94089
CFO	DECKER, SUSAN	3420 CENTRAL EXPRESSWAY 701 First Avenue	SANTA CLARA CA 95051 Sunnyvale, CA 94089
VPC/Dir.	NELSON, JAMES Rosenzweig, Dan	3420 CENTRAL EXPRESSWAY 701 First Avenue	SANTA CLARA CA 95051 Sunnyvale, CA 94089
VPS	PLACE, JOHN Sobel, Jon	3420 CENTRAL EXPRESSWAY 701 First Avenue	SANTA CLARA CA 95051 Sunnyvale, CA 94089
AS	JOHNSON, BELINDA Callahan, Michael	3420 CENTRAL EXPRESSWAY 701 First Avenue	SANTA CLARA CA 95051 Sunnyvale, CA 94089

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Jeanine Reynolds
as its agent

Date

5-22-03

11. 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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Callahan

Date

Daytime Phone #

408-349-3300

CR2E040 (8/02)