CORPORATION(S) NAME

Discovery Television Center,	LLC	<u> </u>
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		2 3
		- Bro
		47 49
() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal	() Mark 二色彩 医 O
() <i>g</i>	() Reinstatement	<u> </u>
() Limited Partnership	() Annual Report	() Mark () Other (X) Change of RA () UCC
()LLC	() Name Registration	(X) Change of RA
	() Fictitious Name	
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	8/1/02	Order#: 5516610
Availability		
Document		7000068507675 08/01/0201033024
Examiner		Ref#: <u>******25.00</u> ******25.00
Updater		
Verifier		A
W.P. Verifier		Amount: \$

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

 The name of the limit 	ted liability company	is: Discovery Television Center, LLC	
2. The mailing address	of the limited liability	company is: 7700 Wisconsin Avenue	
Bethesda, Maryland 20814-	3522		
			*
1-18-2000		M0000000107	<u> </u>
3. Date of filing/registra	ation in Florida	4. Document number	. 8
5. The name of the regis	stered agent and the re	gistered office address as shown on the	e records of the
	Corporation Service C	Company	11. ED 2: 07
		Name	
	1201 Hays Street		
		Address	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Tallahassee, Florida 3	2301	
	Ci	ty, State and Zip	7
6. The name and addres	s of the new registere	d agent and/or office:	
	C T Corporation Syste	m	
		Name	
	1200 South Pine Island		
	Florida street add	ress (P.O. Box NOT acceptable)	
	Plantation	FL 33324	
	Cit	y, State and Zip	
confirmed that after the and the business office	change or changes and of the registered agent hereby confirmed that ited liability company to of the limited liability.	ed under the laws of the State of Florice made, the Florida street address of the will be identical. Or, in the case of a the change(s) was/were authorized by or as otherwise provided in the article cy company.	e registered office Florida limited an affirmative vote of
Mark Diffenbaugh, Attorne (Printed or typed name of sign	ee)		
comply with the provision and I am familiar with Chapter 608, F.S. Or, address, I hereby confined Theorem 1997 (Signature of Registere d Age	ons of all statutes relicand accept the obligation in this document is being that the limited liament is the control of the co	d agent and agree to act in this capacitive to the proper and complete perfortions of my position as registered agent in the filed to merely reflect a change in the bility company has been notified in wr. Mark J. Diffenbaugh Asst. Secretary & V. President	mance of my duties, t as provided for in he registered office iting of this change.
Divi:	-	, P.O. Box 6327, Tallahassee, FL 32 LING FEE: \$25.00	J17

FL015-9/27/99 C T System Online