

ACCOUNT NO. :

072100000032

REFERENCE

663115

AUTHORIZATION

400003211784--4

COST LIMIT

\$ 35.00

ORDER DATE: April 14, 2000

ORDER TIME :

2:52 PM

ORDER NO. : 663115-005

CUSTOMER NO:

7211205

CUSTOMER:

Ms. Janis L. Creekmore

Benchmark Cable Communications

21545 Ridgetop Circle

Sterling, VA 20166

CHANGE OF AGENT

NAME:

BENCHMARK CABLE COMMUNICATIONS

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

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.

| 1. The name of the limite | ed liability company is: | Benchmark | Cable Commun | ications L.L.C. |
|---|--|--|--|---|
| 2. The mailing address of | f the limited liability co | ompany is : _ | | |
| · 21545 Ridgetop Cir | cle Sterling VA 2 | 0166 | | |
| 10/04/1996 | ; | | ме | 0600000383 |
| 3. Date of filing/registrat | | ₩ 1. | 4. Document nu | |
| 5. The name of the register Florida Department of | red agent and the regis | stered office a | ıddress as shown | on the records of the |
| • | CT Corp | oration Sys | stem | |
| | 1200 South Pine Island Road Address | | | FIL 00 APR 17 SEGRETAR TALLAHASS |
| Plantation, FL 33324 City, State and Zip | | | FIL FIL FIAR | |
| 6. The name and address of the new registered agent and/or office: | | | LED 7 PM 4: 58 RY OF STATE SSEE, FLONIB | |
| Corporation Service Company | | | | |
| | | Name Mays Street | | E A |
| | Florida street address | | | |
| | Tallahassee | FL | 32301 | |
| | City, S | tate and Zip | | · |
| If the limited liability com confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of the limited by: By: Benchmark Media, Signature of a member or authorized. | the registered agent will eby confirmed that the liability company or a fithe limited liability confirmed that the limited liability confirmed that liability confirmed liability liabilit | ade, the Flori II be identical change(s) wa as otherwise p ompany. | da street address l. Or, in the case as/were authorize | of the registered office of a Florida limited of by an affirmative vote of |
| Janis L. Creekmore (Printed or typed name of signee) | | and the second s | | ٠,, |
| I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) | ntment as registered ag of all statutes relative accept the obligations is document is being fi that the limited liability | ent and agre to the proper s of my positic iled to merely y company ha | e to act in this ca r and complete p on as registered a reflect a change is been notified in | pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change. |
| | of Corporations P.C |) Roy 6327 | Tallahassaa EI | 20214 |

P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00