## P0300000903

| (Re                                     | questor's Name)   |              |
|---|-------------------|--------------|
| (Ad                                     | dress)            |              |
| (Ad                                     | dress)            |              |
| (Cit                                    | y/State/Zip/Phone | e #)         |
| PICK-UP                                 | ☐ WAIT            | MAIL         |
| (Bu                                     | siness Entity Nan | ne)          |
| (Do                                     | cument Number)    | <del> </del> |
| Certified Copies                        | Certificates      | s of Status  |
| Special Instructions to Filing Officer: |                   |              |
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SECRETARY OF STATE
ALL AHASSEE, FLORGE

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## **COVER LETTER**

| TO:    | Amendment Section<br>Division of Corporations |                                 |  |      |
|--------|---|---------------------------------|--|------|
| SUBJ   | ECT: VIARADIO                                 | CORPORATIO<br>(Name of Cor      | poration)  |      |
| DOC    | ument number: <u>Po</u>                       | <u>3000000903</u>               |  |      |
| The e  | nclosed Statement of Change                   | e of Registered Office/         | Agent and fee are submitted for filing.  |      |
| Please | return all correspondence c                   | oncerning this matter t         | o the following:   |      |
|        | v   | Villiam 3 May<br>(Name of Cont  | eriott<br>act Person)  |      |
|        |   | (Name of Cont                   | det i erson,   |      |
|        |   | Via Radio C<br>(Firm/Con        | pany)  |      |
|        | 3   | 153 Skyway<br>(Addre            | <u>Circle</u> , Suite 13 ss)   |      |
|        | <del></del>                                   | Melbourne, F<br>(City/State and | L 329 34 - 7 <i>36</i> 9<br>Zip Code)  |      |
| For fu | rther information concerning                  | g this matter, please ca        | 11:  |      |
|        | 13:11 Marriott<br>(Name of Contact            | Person)                         | at (321) 242-0001 × 111 (Area Code & Daytime Telephone Num   | ber) |
| Enclo  | sed is a \$35.00 check made                   | payable to the Departm          | nent of State.   |      |
|        | Division<br>P.O. Box                          | nent Section of Corporations    | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |      |

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of chai   | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.  |
|---|---|
| 1. The name of the  | ne corporation: VIARADIO CORPORATION  |
| 2. The principal  | office address: 3153 Skyway Circle, Suite 102   |
|   | Melbourne, FL 32934-7369  |
| 3. The mailing ac   | ldress (if different):  |
| 4. Date of incorp   | oration/qualification: 01/03/2003 Document number: P0300000903  |
| 5. The name and Florida Depart  | street address of the current registered agent and registered office on file with the tment of State:   |
|   | William S Marriott  |
|   | 760 North Drive, Suite B  |
|   | Melbourne, FL 32934 AR & T  |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered office.  |
|   | William & Marriott  |
|   | (P.O. Box NOT acceptable)   |
|   | Melbourne, FL 32934-7369  |
| The street addre<br>as changed will   | ss of its registered office and the street address of the business office of its registered agent, be identical.  |
|   | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.   |
| Bill  | William S Marriott President  (Printed or typed name and title)   |
| I hereby accept<br>I further agree t<br>of my duties, an<br>document is beit<br>corporation has | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| pile V  |   |
| ` -   |   |
| If signing on bel   | half of an entity:  |
| (T  | yped or Printed Name)   |
|   | * * * FILING FEE: \$35.00 * * *   |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314