P98000070736

MERIDIAN COMMUNICATION GROUP, INC 2400 E Las Olas Blvd., PMB 142 -Ft. Lauderdale, FL 33301 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	(Corporation Name)	(Document #)	200004528 -08/10/010 ******55.00	
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1	NEW FILINGS	AMENDMENTS		
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(OTHER FILINGS	REGISTRATION/QU	ALIFICATION 5	
<u>[</u>	Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	OF STATE C.FLORIDA	

Examiner's Initials

CR2E031(7/97)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of $\frac{\text{Corporation}}{\text{Corporation}}$
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 corporation: MERIDIAN COMMUNICATION GROUP, INC.
1. The name of the corporation.
2. The mailing address of the corporation: 2400 East Las Ocas Bern, PMB. 142
3. Date of incorporation/qualification: \[\begin{align*} a
4. The name and address of the current registered agent and office:
CORPORATION SERVICE COMPANY
TALAHASSEE, FL 32301-2525
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
L.J. WADE
2400 EAST LAS OLAS BLUM, PMB 142
FT. LAMOGRDALE FL 33301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Dell N/1 hale President. 7/3/10/
(Signature of an officer, chairman of vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
CR2E045(9/00)
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS