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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

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From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE  
OMNI CABLE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**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 and 617.1508, Florida Statutes, this Statement of Change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida:*

1. The name of the corporation: **OMNI CABLE CORPORATION**
2. The principal office address: **2 HAGERTY BOULEVARD  
WEST CHESTER, PENNSYLVANIA 19382**
3. The mailing address (if different):
4. Date of incorporation/qualification: **06/02/2006** Document number: **P05000088467**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FLORIDA 34102**

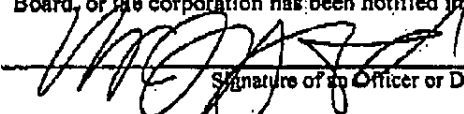
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed)

**JOSH KEY  
3180 SOUTH FALKENBURG ROAD  
RIVERVIEW, FLORIDA 33578**

P.O. Box NOT acceptable


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, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an Officer or Director

**W. JEFFREY SIEGFRIED, President**  
\_\_\_\_\_  
Printed or Typed Name and Title

*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. If this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

**10/10/12**  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

**N/A**  
\_\_\_\_\_  
Typed 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, FLORIDA 32317

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