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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE
SCRIPPS FLORIDA FUNDING CORPORATION

Certificate of Status	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RA/RO change
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1508, or 617.1508, Florida Statutes, this statement of change 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 corporation: SCRIPPS FLORIDA FUNDING CORPORATION
2. The principal office address: 400 SOUTH MONROE STREET
ROOM 1902, THE CAPITOL, TALLAHASSEE, FL 32399-0250
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/08/2003 Document number: NO3000010587
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RAQUEL A. RODRIGUEZ

400 SOUTH MONROE STREET, ROOM 1902, THE CAPITOL

TALLAHASSEE, FL 32399-0250

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

MARSHALL M. CRISER, JR.

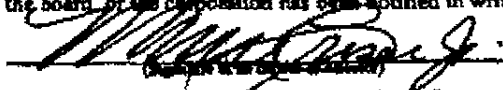
100 NORTHWEST 20TH STREET

(P.O. Box or postural method NOT acceptable)

GAINESVILLE, FL 32603

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

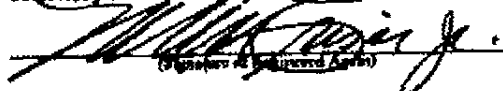
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



MARSHALL M. CRISER, JR., DIRECTOR

(Print or type 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. Or, 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.



12/18/03

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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