

ACCOUNT NO. : 072100000032

REFERENCE

COST LIMIT : \$ 35.00

ORDER DATE : 1-29-98

ORDER TIME :

ORDER NO. : 675360

CUSTOMER NO:

500002416665

NAME: National Advertising Company

Please file the attached registration, of the facti shown above and return the document(s) indicated be Down

\_ Certified Copy \_ Plain Stamped Copy Certificate of Status

CONTACT PERSON: Chia Smith

EXAMINER'S INITIALS:

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

## 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, Floundersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered age		
State of Florida.		
1. The name of the corporation is: National Advertising Company		
2. The mailing address of the corporation is:		
3. Date of incorporation/qualification: February 28, 1949 Document number: 80	078325	
4. The name and address of the current registered agent and office:		grang.
C T Corporation System	29 SSE(	20 20
1200 South Pine Island Road		_
5. The name and address of the new registered agent and office: (P. O. Box Not Accepta	STATE ADDA	J
Corporation Service Company		
1201 Hays Street		
Tallahassee, FL 32301		
The street address of its registered office and the street address of the business offic agent, as changed, will be identical.	e of its registered	
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board.	by an officer so	
Ri Karela	198	
(Signature of an officer, charman or vice chairman of the board) (De	ate)	
Bill Beverage, Secretary	Dil	
Having been named as registered agent and to accept service of process for the abc corporation, I hereby accept the appointment as registered agent and agree to act if I further agree to comply with the provisions of all statutes relative to the proper at performance of my duties, and I am familiar with and accept the obligation of my pregistered agent.	nd complete	
(Signature of Registered Agent)  If signing on behalf of an entity:		
Vivien S. Mitchell Assistant Vice President		
(Typed or Printed Name) (Capacity)	)	

CR2E045(3/96)