

072100000032 ACCOUNT NO.

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE : February 8, 1999

9:51 AM ORDER TIME :

ORDER NO. : 126509-455

5123330 CUSTOMER NO:

Ms. Heather Bellville CUSTOMER:

Cox Enterprises, Inc 1400 Lake Hearn Drive

Atlanta, GA 30319

CHANGE OF AGENT

CABLEREP, INC. NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Brenda Phillips

PAIRO

500002771845

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 $\underline{}$

Pursuant to the provis	ions of sections 607.0502, 617.0502, 607.1	508, or 617.1508,	Florida Statutes, the
undersigned corporation	on organized under the laws of the State of	Del	aware
	statement in order to change its registered o		
State of Florida.			=-
1. The name of the cor	poration is:		
CABLEREP, INC.			
2. The mailing address	of the corporation is: 1400 LAKE HEARN I	DRIVE	==
ATLANTA, GA 30	319		<u>=</u>
3. Date of incorporation	n/qualification: June 18, 1982 D	ocument number:	853200
4. The name and addre	ess of the current registered agent and office:		<u>=</u>
CT Co	rporation System		18E 991
1200	South Pine Island Road		
	ation, FL 33324	·	ASSE ASSE
5. The name and addre	ess of the new registered agent and office: (P	. O. Box Not Acce	ptable) Fig R
Corpo	ration Service Company		2: 16 FLORI FLORI
1201	Hays Street		
	hassee, FL 32301		· Ā
The street address of agent, as changed, w	its registered office and the street address ill be identical.	of the business of	fice of its registered
Such change was aut	horized by resolution duly adopted by its tard.	ooard of directors	or by an officer so
Man			
(Signature of an officer, chairman or vice chairman of the board)		(Date)	
ANDREW A. MERDEK, Se	ecretary		
** · 7 7	(Printed or typed name and title)	formage for the	(Date)
corporation, I hereby	as registered agent and to accept service of accept the appointment as registered age apply with the provisions of all statutes relatites, and I am familiar with and accept the	mi ana agree io a ative to the proper	ci in inis capacity. · and complete
registered agent. Corporation Servi		2/	<u> </u>
	re of Registered Agent) One B. F36	n //D (Date)	199
If signing on behalf of an	5	` ,	
KAREN B. ROZAR		Assistant Vice	P <u>rê</u> sident
	or Printed Name)	(Capaci	ty)