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APR 25 2017 I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 608468 4813078

AUTHORIZATION COM

COST LIMIT : \$35.00

ORDER DATE: April 20, 2017

ORDER TIME : 9:24 PM

ORDER NO. : 608468-250

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: ABC CABLE NETWORKS GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607,0502, 6. nge is submitted for a corporation r to change its registered office or	organized under the la	ws of the State of	California	
1. The name of t	he corporation: ABC Cable Netwo	rks Group, Inc.			
2. The principal	office address: 1375 East Buena	/ista Drive, 4th Floor N	orth, Lake Buena	Vista, FL 32830	
3. The mailing a	ddress (if different): 500 South Bu	ena Vista Street, Burbi	ank, CA 91521		
4. Date of incorp	poration/qualification: 04/20/1983	Document	number: 856185		
5. The name and	street address of the current regist tment of State: (If resigned, enter r	ered agent and register		th the	
	Jeffrey S. Craigmile				
	1375 East Buena Vista Drive, 4th	Floor North			
	Lake Buena Vista	FL	32830	MILAR 24	
6. The name and (if changed):	street address of the new registere	d agent (if changed) an	d /or registered off	NY OF STATE	
	Margaret C. Giacalone			Series on	
	1375 East Buena Vista Drive, 4th Floor North				
	P.O. Bo Laké Buena Vista	NOT acceptable	32830		
The street addre	ss of its registered office, and the be	street address of the bu	isiness office of its	registered agent.	
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	opted by its board of d en notified in writing o	lirectors or by an o of the change.	officer so	
Donn	ske & 3	Marsha L. Reed	•		
	e of an officer or director		ed or typed name and title	}	
I further agree t performance of agent. Or, if thi hereby confirm t	the appointment as registered age o comply with the provisions of al my duties, and I am familiar with s document is being filed merely t that the corporation has been not Gigcalone	l'statutes relative to th and accèpt the obligat o reflect à change in t	e proper and com ion of my position he registered office	plete as registered address, I	
- MANAGE	Juniura of Bandrarad Agant	4/7/2017	Date		
If signing on bel	nalf of an entity:		Date		
Ту	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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