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	Requestor's Name)			
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	District of the Control of the Contr	<u> </u>		
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PICK-UP	■ WAIT	MAIL		
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Continue of Contra				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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OCT OF 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 029213 / 4813078

AUTHORIZATION: Spelledena

COST LIMIT : \$35.00

ORDER DATE: September 23, 2021

ORDER TIME : 10:48 AM

ORDER NO. : 029213-001

CUSTOMER NO: 4813078

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## CHANGE OF AGENT

NAME: ABC CABLE NETWORKS GROUP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida Statut mized under the laws of the State of <u>CA</u> tered agent, or both, in the State of Florid	<del>_</del>
1. The name of	the corporation: ABC CABLE NETWOR	KS GROUP, INC.	
	office address: 3800 W ALAMEDA AVE		
3. The mailing a	address (if different): 500 S BUENA VIS	TA ST., BURBANK, CA 91521-0105	
	poration/qualification: 04/20/1983		
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the ned)	•
	GIACALONE, MARGARET C		
	1375 BUENA VISTA DR., 4TH FLOC	OR NORTH	
	LAKE BUENA VISTA	FL 32830	202
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	2021 CCT -5
	Corporation Service Company	<del></del>	歪
	1201 Hays Street		φ. 2
	P.O. Bo Tallahassee	ox NOT acceptable  FL 32301	155
The street address changed will	ess of its registered office and the street be identical.	t address of the business office of its regi	stered agent.
Suck shange wa authorized by the	as authorized by resolution duly adopte the board, or the corporation has been no	ed by its board of directors or by an office otified in writing of the change.	er so
Xee	E. Whie	Jill Cilmi Vice President	
I hereby accept I further agree of my duties, an document is bet corporation ha.	s been notified in writing of this change	tutes relative to the proper and complete ligation of my position as registered agei he registered office address. I hereby con	performance nt. Or, if this ifirm that the
Corporation By:	n Service Company	09/23/2021	
If signing on be	chalf of an entity:		
	Asst. Vice President  yped or Printed Name		
	* * * FILING FI	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)