

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H110000395523ABC.

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: connie@bufordmedia.com

REGISTERED AGENT CHANGE  
BUFORD SATELLITE SYSTEMS, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED  
11 FEB 15 AM 6:43  
SECRETARY OF STATE  
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G. MCLEOD

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FEB 16 2011

EXAMINER

2/14/2011

Fax Audit # - H110000395523

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BUFORD SATELLITE SYSTEMS, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/12/2008 3. B08000000243  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE FL 32301-2525  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Business Filings Incorporated  
Name  
1203 Governors Square Blvd, Suite 101  
Florida street address (P.O. Box not acceptable)  
Tallahassee, FL FL 32301-296  
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Connie Lyles, <sup>Manager</sup> or: Buford Media Group, L.L.C. General Partner

Signature of General Partner Connie Lyles

*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 obligations of my position as registered agent.*

Signature of Registered Agent

Mark Williams, A.V.P., Business Filings Incorporated

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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