

F010000004290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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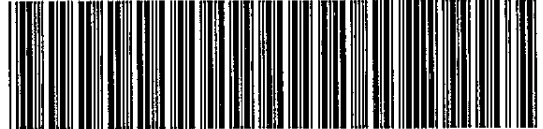
(Business Entity Name)

(Document Number)

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03 SEP 11 PM 1:30
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TALLAHASSEE, FLORIDA

ADP
9/11/03



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 236483 7389124
AUTHORIZATION : *Patricia Pigatto*
COST LIMIT : \$ 35.00

ORDER DATE : September 10, 2003

ORDER TIME : 9:42 AM

ORDER NO. : 236483-195

CUSTOMER NO: 7389124

CUSTOMER: Ms. Connie Vaughn
Equity Broadcasting
Suite 400
1 Shackelford Drive
Little Rock, AR 72211

CHANGE OF AGENT

NAME: MARIANNA BROADCASTING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Arkansas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MARIANNA BROADCASTING, INC.
2. The principal office address: 1 Shackelford Dr., Ste. 400, Little Rock, AR 72211
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/10/2001 Document number: F01000004290
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox **NOT** acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

JAMES HEANSBERGER, Vice President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jaqueline M. Giles
(Signature of Registered Agent)

10-9-03
(Date)

If signing on behalf of an entity:

Jaqueline M. Giles

(Typed or Printed Name)

Asst. Vice President

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314