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SECRETARY OF STAT



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 696557

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: March 11, 2011

ORDER TIME: 10:22 AM

ORDER NO. : 696557-115

CUSTOMER NO: 7739037

CHANGE OF AGENT

NAME: VENTANA TELEVISION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

	1	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware
in ord	unge is suomineu jor a corporation ler to change its registered office or	registered agent, or both, in the State of Florida.
P · · · · ·	the corporation: VENTANA TE	
	l office address:	
1 HSN E	Or., St. Petersburg, FL 32729	
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 08/15/200	Document number: F01000004329
	nd street address of the current registartment of State:	tered agent and registered office on file with the
	NRAI Services, Inc.	
	515 E. Park Avenue	TALE TARECT
	Tallahassee, FL 32301	
6. The name and (if changed):	_	ed agent (if changed) and /or registered office
	Corporation Service Compan	<u>y</u>
	1201 Hays Street	
	(P.O. Box NOT ac	sceptable)
	Tallahassee, FL 32301	
The street addrass changed will	ress of its registered office and the l be identical.	street address of the business office of its registered agent,
Such change wathorized by t	vas authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an officer so een notified in writing of the change.
Elwah	Ne of an officer or director)	Elizabeth A. Dawson, Attorney in Fact
		(Printed or typed name and title)
l further agree of my duties, ar document is be corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept wing filed merely to reflect a chang as been notified in writing of this c ion Service Company	gent and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the hange.
By: () ()	are thiby	03/03/2011
	ignature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
	by, Asst. Vice President Typed or Printed Name)	-
t'	(voca or Printed Name)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

