

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (212)564-6083

REGISTERED AGENT CHANGE

CAMPUS COMMUNICATIONS GROUP, INC.

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(((#06000166347 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 60					s	
statement of change is submitted for a co						
in order to change its registered office or 1. The name of the corporation:	registerea ugen	i, or boin, in the stat	e oj Pioriaa.			
•	amous Commi	unications Group,	Inc.			
2. The principal office address:						
125 W. Church St. Ste. 1	100	Champai	gn	IL	61820	
3. The mailing address (if different):			<u></u>		0.1020	
PO Box 85		Champaig	gn .	IL,	61824	
4. Date of incorporation/qualification:	2/22/02	Document num	ber:	F0100000	5810	
5. The name and street address of the curr Florida Department of State:	_	ent and registered of		th the Ca	岛星型	
		ra Buhr Iven Dr. South			28 F	
	134101 OXIIE	IVOIT DI. GOULT		—— <u> </u>	品 湿 口	
Jackson	ville	FL	32224			
The name and street address of the new (if changed);	registered agent	(if changed) and /or	registered off	ice	2	
Nati	onal Corporate	Research, Ltd., Ir	nc.		,	
	515 East P	ark Avenue				
(P.O. Box NOT acceptable)						
Tallahas	s s ee	Florida	32301			
The street address of its registered office as changed will be identical.	and the street a	ddress of the busine	ss office of its	s registered	agent,	
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted on has been noti	by its board of direction of the control of the con	tors or by an e change.	officer so		
- Mark A Sup		Mark	A. Scifres	Presid	dent & CEO	
(Signature of an officer or director)	4		(Printed or typed)	name and title)		
I hereby accept the appointment as regis I further agree to comply with the provis of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing	iered agent and ions of all statut accept the oblig a change in the of this change.	agree to act in this to see relative to the protection of my position registered office add	capacity, oper and com as registered dress, I hereb	plete perfor l agent. Or y confirm th	mance , if this vat the	
Kelly (Signature of Registered Agent)	Securary		W 21 (Da	<u> 21100</u>	· · · · · · · · · · · · · · · · · · ·	
If signing on behalf of an entity:	•					
Kelly A. Hemphill		, · _	· · · · · .			
, ("Abor or retirent ranne)	* * * BIY INO E	TT. 435 00 * * *				

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314