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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (050)222-1092

Fax Number

; (850)222-9428

## REGISTERED AGENT CHANGE

IDINE MEDIA GROUP INC.

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

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## 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
Delaware in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: Idine Media Group Inc.
2. The principal office address: 11900 Biscayne Blvd., 4th Floor, Miami, Florida 33181
3. The mailing address (if different):
4. Date of incorporation/qualification: April 21, 2003 Document number: \$703000001986
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company
I201 Hays Street
Tallahassee, Florida 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  CT Corporation System  c/o CT Corporation System  (P.O. Sex or personal mailbox NOT accorption)
c/o C T Corporation System
(7.0. Box or personal mailton NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324
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.  Bryan R. Adel, Vice President, General Coursel and Security.
(Simple of an office, cultiment of vice charman of the board)  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.  CT Composition System  By: MINIMAN OF Registered Agents II. WA ANMAN (Date)  It signing on behalf of an entity:
(Capacity)

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

Mais creces payable to Florida Dispartment of Stats and Mail to: Division of Corporations, P.O. Box 6327, Tallabassee, FL 32314