F05000000061

	•	
(Req	uestor's Name)	
(Add	ress) .	
(Add)	ress)	
V	,	
(City/	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500081908815

11/27/06--01020--027 **35.00

SLCRETARY OF STATE ALLAHASSEE, FLORID

D6 NOV 27 AM II: 51

of Charle



11600 College Boulevard, Ste 210 Overland Park, KS 66210 800-550-6724 www.nrai.com

November 22, 2006

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: H

HB Media Group, Inc. Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned HB Media Group, Inc. enclosed herewith, in duplicate, are a Statement of Change of Registered Office and/or Registered Agent accompanied by our check in the amount of Amount of Check.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Lisa Reeves

Enclosureg- Check

COVER LETTER

Division of Corporations				
HR Modia Group, Inc.				
SUBJECT: HB Media Group, Inc. (Name of Corporation)				
DOCUMENT NUMBER: F0500000062	- 100 H to some			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lisa Reeves				
(Name of Contact Person)	<u> </u>			
National Registered Agents, Inc.				
(Firm/Company)				
44000 Callana Bandanand, Ota 040				
11600 College Boulevard, Ste 210 (Address)				
Overland Park, KS 66210				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Line Decree				
Lisa Reeves at (913) 75 (Name of Contact Person) (Area Code & D	4-0637 Paytime Telephone Number)			
(,			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address: Amendment Section Amendmen	ess:			
	Corporations			
P.O. Box 6327 Clifton Bui				
· · · · · · · · · · · · · · · · · · ·	itive Center Circle			
Tallahassee	. FL 32301			

TO:

Amendment Section

\cdot 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 statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered office or registered agent, or both, in the State of in order to change its registered order or in order to change its registered order or in order to change its registered order or	Texas	this	
1. The name of the corporation: HB Media Group, Inc.	. 701 755		
2. The principal office address: 1033 La Posada, Ste 310, Austin TX 78752			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 12/30/2004 Document number: F050	00000)062	-,,-
5. The name and street address of the current registered agent and registered office on file w Florida Department of State:			
Incorp Services	_		
17888 67th Court North	_ ₹.~	0	
Loxahatchee, FL 33470	LLAH LLAH	06 NOV 27	17
Loxahatchee, FL 33470 6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): NRAI Services, Inc.	TARY O		
NRAI Services, Inc.)F STATE , FLORID, 	M	
2731 Executive Park Drive, Suite 4	ATE RIDA	50	
(P.O. Box NOT acceptable) Weston, FL 33331	_		••1
The street address of its registered office and the street address of the business office of as changed will be identical.	— its regist	ered aį	gent,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.			
(Signature of an officer or director) Manuel Zaw (Printed or typed name and		<u>-</u>	
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 co of my duties, and I am familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.	mplete p ed agent eby confi	erform Or, rm tha	nance if this it the
Lisa Reeves, Assistant Secretary (Signature of Registered Agent) (Date)			_
If signing on behalf of an entity:			
NRAI Services, Inc. (Typed or Printed Name)			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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