

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000092737 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

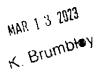
Email Address: Legal\_Entities@discovery.com

## REGISTERED AGENT CHANGE DISCOVERY PRODUCTIONS GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help



Τo.

 $By^{\circ}$ 

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

statement of cha	inge is submitted for a corporation org	1802, 607 1308, or 617,1308, Florida Staintes junized under the laws of the State of <mark>Delawa</mark> istered agent, or both, in the State of Florida.	re
1. The name of t	the corporation: Discovery Productions	Group, Inc.	
	office address: 230 Park Avenue South		
	New York, NY 10003		
3. The mailing a	nddress (if different):		
4. Date of incorp	poration qualification: 04/14/2005	Document number: F05000002316	
	d street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office on file with the goed)	
	Corporation Service Company		
	1201 HAYS ST		202
	Tallahassee, Fl. 32301		3 HA
6. The name and (if changed):	f street address of the new registered as	gent (if changed) and /or registered office	AND FILED 2023 Mar 10 PM
	C T Corporation System		; 1
	1200 South Pine Island Road		37
	Plantation, Florida 33324	Box NOT acceptable	
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its regist	tered agent.
Such change wa authorized by th	as authorized by resolution duly adoptic board, or the corporation has been	ted by its board of directors or by an officer notified in writing of the change.	so
S	be their	JOE DAVIS, SECRETARY	
l hereby accept I further agree to of my duties, and document is bei	d I am familiar with and accept the o ng filed merely to reflect a change in a been notified in writing of this chang	atute's relative to the proper and complete p bligation of my position as registered agent the registered office address, I hereby confi	performance Of if this irm that the
	1 July 2 July 1988	03/07/2023	
Sign	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity.		
	ICK, ASSISTANT SECRETARY		
Ty	sped or Printed Name		
	* * * FILING I	FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2f045 (64/13)