## F05000006450

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DEPARTMENT OF STATE

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PORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 056130 5017641

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 10, 2012

ORDER TIME : 10:18 AM

ORDER NO. : 056130-060

CUSTOMER NO: 5017641

## CHANGE OF AGENT

NAME: PENNSYLVANIA MEDIA ASSOCIATES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of change is st	ıbmitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Pennsylvan red agent, or both, in the State of Florida.	
1. The name of the corpo	oration: PENNSYLVANIA M	EDIA ASSOCIATES, INC.	
	<sub>ldress:</sub> 4880 Santa Rosa Road,		
		• •	
3. The mailing address (i	f different): 4880 Santa Rosa R	toad, Camarillo CA 93012	
4. Date of incorporation/	qualification: 11/04/2005	Document number: F05000006450	
5. The name and street a Florida Department of		ent and registered office on file with the	ser
· NRAI	Services, Inc.	چ. ہو اور اور اور اور اور اور اور اور اور او	:
2731 E	Executive Drive		<u> </u>
Westo	n FL 33331	75.72 75.72	FILE
6. The name and street as (if changed):	ddress of the new registered agent	t (if changed) and /or registered office	圣公
Corpor	ration Service Company	DRIDS:	27
1201 H	lays Street		
Tallah	(P.O. Box NOT acceptable)		
***************************************	assee, FL 32301		
The street address of its as changed will be ident	registered office and the street a ical.	address of the business office of its registered	agent,
Such change was author authorized by the board,	ized by resolution duly adopted or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
W. Jaure of an off	icer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	<u></u>
<i>1</i>	nintment as registered agent and wwith the provisions of all statu miliar with and accept the oblig merely to reflect a change in the tified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete perfor gation of my position as registered agent. Or registered office address, I hereby confirm th	mance if this at the
By: Signature of the	gairtared Agent)	01/06/2012	
- (Signature of R	n entity:	(Date)	
If signing on behalf of a	•		
Sylvia Queppet, Asst.  (Typed or Pri		•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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