F06000001911

| (Rec | questor's Name) | |
|---------------------------|-------------------|--------------|
| (Adc | lress) | |
| l, ide | | |
| (Add | lress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| | | |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE





May 21, 2008

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: VISTA MEDIA GROUP, INC. - rejection

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #14738 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x353 at 800-345-4647.

Thank you,

Myra Simmons-Homer Registered Agent Services Enclosures

> PO BOX 1831 AUSTIN, TX 78767



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2008

CAPITOL SERVICES % MYRA SIMMONS-HOMER P.O. BOX 1831 AUSTIN, TX 78767

SUBJECT: VISTA MEDIA GROUP, INC. Ref. Number: F06000001911

We have received your document for VISTA MEDIA GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 208A00033894



COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: | VISTA MED | IA GROUP, INC. | |
|--------------------------|----------------------------------|--|-------------------------------------|
| SUBJECT: | (Nan | ne of Corporation) | , |
| DOCUMENT NUMB | ER: F06000001911 | | |
| The enclosed Statemen | nt of Change of Registere | d Office/Agent and fee are sub | mitted for filing. |
| Please return all corres | pondence concerning this | s matter to the following: | |
| | | Myra Homer | |
| | (Name | e of Contact Person) | • |
| | Capitol Co (F | orporate Services, Inc. Firm/Company) | |
| | 8008 | Brazos, Suite 400 (Address) | |
| | Austi (City/s | in, Texas 78701 State and Zip Code) | |
| For further information | concerning this matter, p | olease call: | · |
| (Name | Ayra Homer of Contact Person) | at (800) (Area Code & D. | 345-4647 aytime Telephone Number |
| Enclosed is a \$35,00 ct | eck made navable to the | Department of State | |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Return acknowledgment to:

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

| statement of | change is submitted for a co | 7.0502, 617.0502, 607.1508, or 617.1508, Florida S prporation organized under the laws of the State of <u>C</u> d office or registered agent, or both, in the State of Fi |)elaware |
|--|--|--|---|
| 1. The name | of the corporation: | VISTA MEDIA GROUP, INC |). |
| 2. The princi | pal office address: 2610 W. | Hillsborough Ave, Tampa, FL 33614 | |
| 3. The mailir | ng address (if different): 242 | 25 Olympic Blvd, Ste. 6000 West, Santa Monica, | CA 90404 |
| 4. Date of inc | corporation/qualification: 3/ | /24/2006 Document number: F0600000 | 01911 |
| | and street address of the cur epartment of State: | rent registered agent and registered office on file with | h the \$50 08 |
| | Corporation Service C | Company | |
| | 1201 HAYS STREET | | 2 |
| | Tallahassee, FL 3230 | 01 | E P S |
| 6. The name (if changed | | w registered agent (if changed) and /or registered offic | 35 |
| | Capitol Corporate Se | ervices, Inc. | |
| | 155 Office Plaza Driv (P.O. | /e. Suite A Box NOT acceptable) | |
| | Tallahassee | Florida 32301 | |
| The street ad as changed v | ddress of its registered office will be identical. | e and the street address of the business office of its | registered agent, |
| Such change authorized by | was authorized by resoluti y the board, or the corporat | on duly adopted by its board of directors or by an cition has been notified in writing of the change. | officer so |
| XU | us sucto | James R. McIlwain, S | Secretary |
| I pereby acco I further agre of my duties, document is corporation | ept the appointment as regi ee to comply with the provi- and I am familiar with and being filed merely to reflect has been notified in writing | stered agent and agree to act in this capacity. sions of all statutes relative to the proper and comit accept the obligation of my position as registered to change in the registered office address, I hereby to fine change. | plete performance agent. Or, if this y confirm that the |
| Dela | anii Case | 6-5-08 | |
| | (Signature of Registered Agent) | (Date) | |
| If signing on | behalf of an entity: | | |
| Delanie Case, | Asst. Secretary on Behalf of Capit | tol Corporate 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 * * *