

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

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: BUSINESS FILINGS

Account Number : 105256001620

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REGISTERED AGENT CHANGE

VIAMEDIA, INC.

Certificate of Status	0
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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 6	507.0502, 617.0502, 607.1508, or 617.1508	3, Florida Statutes,
this statement of change is submitted for	a corporation organized under the laws of t	he State of
Pennsylvania in order to change	e its registered office or registered agent, o	r both, in the State
of Florida.		0 S AT
1. The name of the corporation: Viamedia	a, Inc.	-m 00
2. The principal office address. 1633 No.		AF AF
Z. The principal office address.		NA 1
3. The mailing address (if different):		mo R
		ELS &
	10/11/2006	Enenganger 74
4. Date of incorporation/qualification:	10/11/2006 Document number:	F0000000 0974
	rent registered agent and registered office or	n file with the
Florida Department of State:		
CORPORATION SERVICE	CE COMPANY	
1201 HAYS STREET		
TALLAHACCE EL 2220	14	
TALLAHASSEE FL 3230	11	
6. The name and street address of the r	new registered agent (if changed) and /or i	registered office (if
changed): Business Filings Incorpor	atod	_
Business Filings Incorpor	aleg	
1203 Governors Square B	•	
	x or personal mailbox NOT acceptable)	· · ·
Tallahassee, Florida 323	01-2960	
The street address of its registered office agent, as changed will be identical.	e and the street address of the business offic	ce of its registered
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by its board of directors or ion has been notified in writing of the chan	by an officer so ge.
Mila	John Savchak, CFO	
(Signature of in officer, chairman or vice chairman of the b	•	•
I further agree to comply with the provis	stered agent and agree to act in this capaci sions of all statutes relative to the proper a	nd complete
performance of my duties, and I am Jam registered agent. Or, if this document is	iliar with and accept the obligation of my p s being filed merely to reflect a change in it corporation has been notified in writing o	osition as he registered
office address, I hereby confirm that the	corporation has been notified in writing o	f this change.
Nwill	<u> 412/08</u>	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:	AVP	
Mark Williams (Typed or Printed Name)	(Capacity)	
(*) year or a time a reme)	(Capacity)	

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

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314