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.

(((H110000430273)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Email Address:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

REGISTERED AGENT CHANGE FOUR POINTS MEDIA GROUP OF WEST PALM BEACH, INC.

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$35.00

2/17/2011

COVER LETTER

TO: Amendme Division of	nt Section of Corporations	
SUBJECT:	Four Points Media Group of We	st Palm Beach, Inc.
bubble1	Name of Corp	poration
DOCUMENT NU	MBER: F0700	00002277
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.
•	prespondence concerning this matter to	
	Name of Conta	et Person
		·
	Firm/Com	pany
	Addres	
	City/State and	Zip Code
	CMatson@fourpts:	
	E-mail address: (to be used for futu	re annual report notification)
For further informa	tion concerning this matter, please call	:
		at (
Nan	ne of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	0 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
		Amendment Section Division of Corporations
	Division of Corporations P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of ch	ange is submitted for a co	rporation organize	507.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of Delaware	_
1. The name of	the corporation; Four Poir	its Media Group of V	Vest Palm Beach, Inc.		
2. The principal	office address; 299 SOU	TH MAIN STREET	SUITE 150 SALT LAKE CI	TY UT 84111 US	
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	4/27/2007	Document number:	F07000002277	
	d street address of the current of State: (If resigna		t and registered office on fil	e with the	
	NATIONAL CORPORA	te research, li	D., INC.		
	515 EAST PARK AVEN	US			
	Tallahassee FL 323	01 US			
6. The name and (if changed):	i street address of the new	registered agent (if	Changed) and for registered	SECAL TALLAH	2011 FEB
	C T Corporation System			TAH	8
	c/o C T Corporation Syste	m, 1200 South Pine	Island Road		17 /
	Plantation, Florida 33324	P.O. Box NOT acc	eptable	PLOR I	<u> </u>
The street address changed will	ess of its registered office be identical.	and the street add	ress of the business office	of its registered ages	np qn
Such change we authorized by th	as authorized by resolution to board, or the corporati	on duly adopted by on has been notifie	its board of directors or by ed in writing of the change	y an officer so	
Signatur	of the officer of aurocality	·	Sharlin Aldao, S	and litte.	
hereby accept further agree t if my duties, an locument is beil orporation has	the appointment as regis o comply with the provis d I am familtar with and ng filed merely to reflect been notified in writing	tered agent and ag ions of all statutes accept the obligat a change in the re of this change.	rree to act in this capacity, relative to the proper and ion of my position as regis gistered office address, I h	complete performan tered agent. Or, if the ereby confirm that the	ce us ie
	Corporation System	<i>(</i>)	2/17/201		-
·	nature of Registered Agent		Dute	···	
f signing on bel	half of an entity: Assistant Secretary Ashley Pipes				
Ту	ped or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)