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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone Fax Number

: (850)222-1092 : (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. **

Barrier 2 2	Address.			
K:m = 1 1	DAATES.			

REGISTERED AGENT CHANGE FOUR POINTS MEDIA GROUP SERVICES, INC.

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

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COVER LETTER

CIIDIFCT.	Four Points Media G	roup Services, Inc.					
SUBJECT:	Name of Corporation						
DOCUMENT NUME	JER:	70700002282					
The enclosed Statemer	nt of Change of Registered Off	ice/Agent and fee are submitted for filing.					
Please return all corres	pondence concerning this met	ter to the following:					
_	Name of C	Contact Person					
		^					
	Firm/Company						
•	Address						
	- 11	•					
	City/State and Zip Code						
·	CMatson@fourptsmedia.com						
E-n	iail address: (to be used for	future annual report notification)					
For further information	concerning this matter, please	call:					
		at () Area Code & Daytime Telephone Number					
Name of	Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 che	eck made payable to the Depar	rtinent of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Amendment Section Division of Corporations	Amendment Section Division of Corporations					
	P.O. Box 6327	Clifton Building					

2661 Executive Center Circle

Tallahassee, PL 32301

CR2E045 (8/05)

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

statement of chang	e is submitted for a cor	poration organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	e of Delaware
	corporation: Four Points		- '	•
2. The principal off	ice address: 299 SOUT	H MAIN STREE	r suite 150 salt lake CI	TY UT 84111 US
3. The mailing addr	ess (if different);			
4. Date of incorpore	tion/qualification:	4/27/2007	Document number:	F07000002282
	eet address of the curre ent of State: (If resigned		nt and registered office on fil	e with the
N	ATIONAL CORPORAT	E RESEARCH, L	TD., INC.	
51:	5 E. PARK AVENUE			
TA	LLAHASSEE FL 32301	ı us		20) SE TAL
6. The name and stre (if changed):	et address of the new r	egistered agent (if changed) and /or registered	FRE TAR AHASS
СТ	Corporation System			EFC 7
da	C T Corporation System	a, 1200 South Pine	: Island Road	AM II:
		P.O. Box NOT no	espable	RAIE RAIE
	ntation, Florida 33324			
The street address of as changed will be:	f its registered office a dentical.	and the street add	iress of the business office t	of its registered agent,
Such change was au authorized by the bo	thorized by resolution	duly adopted by	y its board of directors or by ed in writing of the change.	an officer so
Show	In Ald	100	Sharlin Aldao, Se	
	n officer or director	_	Printed or typed name a	
I hereby accept the a I further agree to co of my duties, and I a document is being fi corporation has bee	ippointment as registe mply with the provisto m familiar with and ac led merely to reflect a n notified in writing of	red agent and a ons of all statutes ocept the obliga change in the re this change.	gree to act in this capacity, s relative to the proper and t tion of my position as regist egistered office address, I he	complete performance ered agent. Or, if this ereby confirm that the
By: CT Corpo	2/17/2011			
Signaturo	of Registered Agoni	_ -	Date	
if signing on behalf	of an entity;			
	Ashloy Pipes			
Typed or	Printed Name			

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

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