F94000003780

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



700153103307



09 APR 28 PH 1: 19

28 PH 1: 19

R-A-Change C.COULLIETTE APR 28 2009

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 969112

AUTHORIZATION :

COST LIMIT :

ORDER DATE: April 23, 2009

ORDER TIME : 10:08 AM

ORDER NO. : 969112-029

CUSTOMER NO: 7700376

CHANGE OF AGENT

NAME:

SCRIPPS HOWARD BROADCASTING

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

	provisions of secti <mark>ons 607.0502,</mark> 617.050. inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Ohio		
		red agent, or both, in the State of Florida.		
1. The name of t	the corporation: SCRIPPS HOWAI	RD BROADCASTING COMPANY		
2. The principal	office address: Scripps Howard Bi	roadcasting Company		
312 Waln	ut Street, 28th Floor, Cincinnat	i, OH 45202		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 07/19/1994			_
	d street address of the current registered age	gent and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered office	09 APR 28	インスプラ
	Corporation Service Company		R 28 PM 1:19	5
	1201 Hays Street		2) () (
	(P.O. Box NOT acceptable)			<u>ح</u>
	Tallahassee, FL 32301		ة وس	Ī
The street addreas changed will	ess of its registered office and the street be identical.	address of the business office of its registered	agent,	•
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.		
Mary	ure of an officer or director	Maureen Cullen, Attorney in fact		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as vegistared agent an	(Printed or typed name and title) d agree to act in this capacity, utes relative to the proper and complete perfor igation of my position as registered agent. Or e registered office address, I hereby confirm to	rmance ; if this hat the	
	gnature of Registered Agent)	(Date)		
If signing on be	chalf of an entity:			
	Vannoy, Asst. VP			
(7	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 * * *