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.

(((H09000251650 3)))



H090002516503ABC

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5369

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

Email	Address:	

REGISTERED AGENT CHANGE FOX LATIN AMERICAN CHANNEL, INC.

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

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Fox Latin American Ch	annel, Inc.				
	Name of Corp	oration				
DOCUMENT NUMBER:	179600	0004}58				
The enclosed Statement of Chang	e of Registered Office/A	gent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Name of Contac	t Person				
Pirm/Company						
<u>-</u>	Address					
		•				
-	City/State and Zip Code					
Ocala	wallan @ Sv	1000				
E-mail addres	s: (to be used for futur	. come annual report notification)				
	•	•				
For further information concerning	this matter, please call:					
	at	Area Code & Daytime Telephone Number				
Name of Contact Pe	irson	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made p	ayable to the Departmen	t of State.				
	•					
Malling A Amendone	ddress: ont Section	Street Address: Amendment Section				
	of Corporations	Division of Corporations				
P.O. Box		Clifton Building				
Tallahasse	ee, 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

Pursuant to the provisions of sections 607.0502, 61 statement of change is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this preparated under the laws of the State of Delaware
In order to change its registered office or r	registered agent, or both, in the State of Florida.
1. The name of the corporation: Fox Latin American	Channel, Inc.
10201 WEST PICO BLVD. LOS ANGELES CA 9	0035
3. The mailing address (if different):	
P.O. BOX 900 ATTN: TAX DEPARTMENT BE	
4. Date of incorporation/qualification: 08/14/	96 Document number: P96000004158
5. The name and street address of the current register Florida Department of State: (If resigned, enter re-	red agent and registered office on file with the
The Prentice-Hall Corporation System	m, Inc.
1201 HAYS STREET TALLAHASS	SEE FL 32301 US
<u> </u>	
6. The name and street address of the new registered	agent (if changed) and /or registered office
(if changed):	•
C T Corporation System	
c/o C T Corporation System, 1200 Sc	outh Pine Island Road
P.O. Bo	NOT'screpiable
Plantation, Florida 33324	
The street address of its registered office and the st	treet address of the business office of its registered agent
Such change was authorized by resolution duly ad- authorized by the board, or the corporation has bee	
M/2 1/9mb	Mark Eppley Vice President
Sinfalutes in order director I hereby accept the appointment as registered ages I further agree to comply with the provisions of all of my duttes, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this cha	Finited or typed name and title nt and agree to act in this capacity. statutes relative to the proper and complete performance cobligation of my position as registered agent. Or, if the in the registered office address, I hereby confirm that the inge.
By: MC Componetion System	07/21/09
Signature of Registered Agent	Date
If signing on behalf of an entity:	
legan G. Ware	
SISTANT SECIOLARY Printed Name	
* * * FILING	G FRE: \$35.00 * * *

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