# (105872<sup>age 1 of 1</sup>

### Florida Department of State

Division of Corporations Public Access System

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#### REGISTERED AGENT CHANGE

DMG WORLD MEDIA (USA) INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 92      |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 6  | 517.0502, 607.1508, or 617.1508, Florida Statutes,   |  |
|---|--|--|
| this statement of change is submitted for a corporate  Delawate in order to change its registe  | ion organized under the laws of the State of<br>cred office or registered agent, or both, in the State   |  |
| of Florida.   |  |  |
| 1. The name of the corporation: DMG World Media (   | USA) Inc.  |  |
| 2. The principal office address: 1013 Cenne Road Wilmington Delaware 19805  |  |  |
| 3. The mailing address (if different):  | Pro V  |  |
| 4. Date of incorporation/qualification: 11/12/96  | Document number: F96000005872  |  |
| 5. The name and street address of the current regists Florida Department of State:  | ared agent and registered office on file with the  |  |
| Corporate Ser   | vice Company   |  |
| 1201 Ha   | ys Street  |  |
| Tallahassoc   | FL 32301   |  |
| changed):   | ared agent (if changed) and /or registered office (if  |  |
| de C.T.C.   | P. A.  |  |
| c/o C T Corpo<br>(P.D. Box or personal na   |  |  |
| 1200 South Pine Island Ros  | d, Plantation, Florida 33324   |  |
| The street address of its registered office and the stagent, as changed will be identical.  | reet address of the business office of its registered  |  |
| Such change was authorized by resolution duly add<br>authorized by the board, or the corporation has been   |  |  |
| (Signature of an offices, charman of vice showner of the board)   | Charles Engros, Assistant Secretary  |  |
| I hereby accept the appointment as registered agent I further agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent. Or, if this document is being file office address, I hereby confirm that the corporation CT Corporation System  By:  Assistant Secretary  If signing on behalf of in entry. | st and agree to act in this capacity, statutes relative to the proper and complete nd accept the obligation of my position as a marely to reflect a change in the registered in has been notified in writing of this change. |  |
| (Typed or frimed Name)  | (Capacity)   |  |

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

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