F9700	000/129
(Requestor's Name) (Address)	100370216971
(Address) (City/State/Žip/Phone #)	
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	RECEIVED
	2621 CCT - 5 TELLAR
Office Use Only	

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOUNT NO.	:	120000001	95
			REFERENCE	:	029213	4813078
			AUTHORIZATION	: -	somethere	BR)
	 -	. .	COST LIMIT	: :	\$ 35,.00	
ORDER	DATE	:	September 23, 202	21		
ORDER	TIME	:	10:49 AM			
ORDER	NO.	:	029213-004			

. . .

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: ABC, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>NY</u> _________ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: _____ABC BROADCASTING, INC.

2. The principal office address: 77 WEST 66TH STREET, NEW YORK, NY 10023-6298

3. The mailing address (if different): 500 S BUENA VISTA ST., BURBANK, CA 91521-01	3	The mailing s	address (if differen	N-500 S BUENA V	VISTA ST., BURBA	NK, CA 91521-010
--	---	---------------	----------------------	-----------------	------------------	------------------

4. Date of incorporation/qualification: 03/05/1997 Document number: F97000001129

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GIACALONE, MARGARET C

1375 BUENA VISTA DRIVE 4TH FLOOR NORTH

LAKE BUENA VISTA

FL 32830

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company		
1201 Hays Street		
	P.O. Box NOT acceptable	
Tallahassee	FL 32301	ส
The street address of its registered office and the	street address of the business office of its registered agent.	-1
as changed will be identical.		-
as changed will be identical.	dopted by its board of directors or by an officer so, or her notified in writing of the change.	

Increby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

09/23/2021

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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 (04/13)