Division of Corporations Public Access System

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Division of Corporations

: (850)617-6380

Fax Number

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

(850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

AMERIVISION COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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Help

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

		2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of ch	ange is submitted for a corpora	tion organized under the laws of the State of Oklahoma e or registered agent, or both, in the State of Florida.	
	-	1	
1. The name of	the corporation: AMERIVI	SION COMMUNICATIONS, INC.	
2. The principal	office address: 999 Water	side Drive Suite 1910 Norfolk, VA 23510	
3. The mailing a	address (if different):		
			
4. Date of incorp	poration/qualification: 06/15	1998 Document number: F98000003385	
	istreet address of the current retriment of State;	gistered agent and registered office on file with the	
	C T Corporation Syste	in	
	1200 South Pine Island	Road	
	Plantation, FL 33324		
6. The name and (if changed):	l street address of the new regis	i tered agent (if changed) and /or registered office	08 YE
	Corporation Service C	1	1
	1201 Hays Street		
	(P.O. Box NO	Tacorpuble)	
	Tallahassee, FL 32301		
The street addre	ss of its registered office and the identical.	the street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
Signatu (Signatu	Colorador de discordor)	Loni Woodley CFO/VP (Printed or typed rather and talle)	
I hereby accept i I further agree to of my duties, and document is beto corporation has	the appointment as registered o comply with the provisions of it am familiar with and accep ag filed merely to reflect a cha been notified in writing of this	agent and agree to act in this capacity. If all stautes relative to the proper and complete performance It the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the schange.	
By: Auto	ion Service Company	September 24, 2008	
f signing on bel	·		
	Asst. Secretary	_	
(T)	ped or Printed Name)		
	* * * FIL	JNG 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)