Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 : (850)878-5368 Fax Number

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

Email 1	Address:				
RMSTT	WINDINGS;				

REGISTERED AGENT CHANGE UTV OF ORLANDO, INC.

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

COVER LETTER

TO: Amendmen Division of	t Section Corporations				
SUBJECT:	UTV of Orlan				
	Name of C	orporation			
DOCUMENT NUM	IBER: P9	99000003140			
The enclosed Statem	ent of Change of Registered Offic	e/Agent and fee are submitted for filing.			
Please return all corr	espondence concerning this matter	r to the following:			
` <u>-</u>					
_	Name of Co	ntact Person			
· 					
Firm/Company					
	Add	1688			
	· ·				
_	City/State an	d Zip Code			
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	-mail address: (to be used for fi	wal (ace con			
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ror numbr miormack	on concerning this matter, please of	air:			
		at(·)			
Name	of Contact Person	at (·) Area Code & Daytime Telephone Number			
Enclosed is a \$35.00	pheck made payable to the Departi	nent of State.			
	Malling Address:	Street Address:			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, PL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

CR2E045 (8/05)

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

statement of cha	mge is submitted for a corp	oration organi	l, 607.1508, or 617.1508, Fil zed under the laws of the Sta	nte of Delaware	
		-	red agent, or both, in the Sta	ie of Florida.	
	the corporation; UTV of Orl				
10201 WEST	PICO BLVD. LOS ANGEL	ES CA 9003S			
	ddress (if different): X DEPARTMENT P.O. BO		Y HILLS CA 90213 .		
4. Date of incom	poration/qualification:	06/17/99	Document number:	F99000003140	
	tment of State: (If resigned,	enter resigned	ent and registered office on t	file with the	
	Corporation Service Compa	ıny			
	1201 HAYS STREET TAL	Lahassee fi	. 32301-2525 US	2	
				TAL SE	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office				
	C T Corporation System			<u>mg</u>	
	c/o C T Corporation System	, 1200 South Pi	ne Island Road	AH 10: 02 EE. FLORIG	
		P.O. Box NOT		- REF 02	
	Plantation, Florida 33324		····		
			ddress of the business offic by its board of directors or fied in writing of the chang		
- AM/	Mind		Mark Eppley V	•	
l hereby accept I further agree t of my duties, an document is beli corporation has	e of an officer in cylesion the appointment as registe o comply with the provision of I am familiar with and a ng filed merely to reflect a been notified in writing of	red agent and ons of all statu ccept the oblig change in the f this change.	Punied of typed nam agree to act in this capacit tes relative to the proper an ation of my position as reg registered office address, I		
By: ACTC	orporation System		07/21/		
	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Aegan G. Wa	re				
sistant Secre	Affile Printed Nums		•		
	***	FILING FE	C: \$35.00 * * *	•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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