## F9900000 3779

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

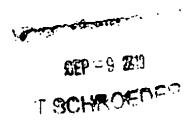
Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636~5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 26, 2019

Order#: 894406-021

Re: AXN LATIN AMERICA INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35

Please take the following action:

XX \_\_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

		.0502, 607.1508, or 617.1508, Florida Stat rganized under the laws of the State of Del		
		gistered agent, or both, in the State of Flor.		
1. The name of	f the corporation: AXN LATIN AMERIC	CA INC.		
2. The principa	al office address: 10202 W. Washingto	on Boulevard, Culver City, CA 90232		
·= ··				
3. The mailing	address (if different):			
4. Date of inco	Date of incorporation/qualification: 07/23/1999 Document number: F99000003779			
	nd street address of the current register artment of State: (If resigned, enter res	ed agent and registered office on file with t igned)	he	
	NRAI Services, Inc			
	1200 South Pine Island Road	) * 0 	19 AUG	
	Plantation	FL 33324	16 28	
6. The name and street address of the new registered agent (if changed) and /or registered office; (if changed):				
	Corporation Service Company		03	
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street addras changed wil	ress of its registered office and the str Il be identical.	reet address of the business office of its re	gistered agent.	
Such change wanthorized by	vas authorized by resolution duly ado the board, or the corporation has beer	pted by its board of directors or by an office in writing of the change.	cer so	
$X^{\prime}$	el C. a. Onie	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if it hereby confirm	of my duities, and I am familiar with ar	statutes relative to the proper and complet nd accept the obligation of my position as reflect a change in the registered office ac	registered	
	ignature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
	er, Asst. Vice President			
	Typed or Printed Name	UUD. SIZ AA k k		
* * * FILING FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314