

ACCOUNT NO. : 07210000032

REFERENCE: 906029

4319220

AUTHORIZATION :

COST LIMIT : \$ 35.00

200003474092--6

ORDER DATE: November 21, 2000

ORDER TIME: 9:33 AM

ORDER NO. : 906029

CUSTOMER NO: 4319220

CUSTOMER: Ms. Carol Menniti

Viacom Inc. 1515 Broadway

51-17

New York, NY 10036

CHANGE OF AGENT

NAME: JIFFY BILLBOARDS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom -- EXT# 1104

EXAMINER:

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

		502, 607.1508, or 617.1508, Florida Statutes,
	ed corporation organized under the laws of	egistered office or registered agent, or both, in
		egistered office of registered agents or overs, as
the State of Flo	of the corporation is:Jiffy Billboards,	Inc.
1. The name (of the corporation is	
2. The mailin	g address of the corporation is: 2502 Nort	h Black Canyon Highway
Phoeniz,	, AZ 85009	
3. Date of inc	corporation/qualification: 12/13/84	Document number: H34014
4. The name a	and address of the current registered agent a	nd office:
	CT Corporation	
	1200 South Pine Island Road	
	Plantation, FL 33324	AHAS FI
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, Florida 32301	
agent, as chan	nged, will be identical.	address of the business office of its registered
Such change authorized by	was authorized by resolution duly adopted	by its board of directors or by an officer so
	She Hatel	11/16/200
(Signal	ture of an officer, chairman or vice chairman of the boar	d) (Date)
	ack, Assistant Secretary (Printed or typed name and title)	<u> </u>
Having been corporation, I further agre performance registered ag	named as registered agent and to accept set I hereby accept the appointment as register ee to comply with the provisions of all statut of my duties, and I am familiar with and accept	vice of process for the above stated agent and agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as
By:	(Signature of Registered Agent)	(Date), /
If signing on beh		ASSTUT
	(Typed or Printed Name)	(Capacity)
	* * * FILING FEE	: \$35.00 * * *