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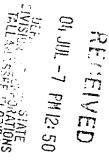
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| Special Instructions to Filing Officer: | |
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ACCOUNT NO. : 072100000032 REFERENCE: 790160 AUTHORIZATION : COST LIMIT : ORDER DATE : July 2, 2004 ORDER TIME : 10:44 AM ORDER NO. : 790160-025 CUSTOMER NO: 7221340 CUSTOMER: Ms. Candy Marendt Auction Broadcasting Company 1919 South Post Road Indianapolis, IN 46329 CHANGE OF AGENT NAME: ABC SARASOTA BRADENTON, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Susie Knight -- EXT# EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limited lia | bility company is: ABC SARA | ASOTA BRADENTON, LLC. | 70 PM. |
|---|---|--|---|
| 2. The mailing address of the | limited liability company is: | | |
| 6005 24th Street East | , Bradenton, FL 34203 | | 10 - 10 M |
| | | | 10 3 O |
| July 18, 2000 | | L00000008820 | 70. 63 |
| 3. Date of filing/registration in | n Florida | 4. Document number | |
| 5. The name of the registered a Florida Department of State | agent and the registered office | e address as shown on the | e records of the |
| | C T Corporation S | System | |
| | Name | | |
| | 1200 South Pine Isl | and Road | |
| | Address | | |
| <u> </u> | Plantation, FL 3 | | |
| | City, State and Z | лb | |
| 6. The name and address of the | e new registered agent and/or | office: | |
| | Corporation Service | Company | |
| | Name | | |
| | 1201 Hays Stree | | |
| Flo | orida street address (P.O. Box | : NOT acceptable) | |
| | Tallahassee FL | 32301 | |
| | City, State and Zi | p | |
| If the limited liability company confirmed that after the change and the business office of the liability company, it is hereby the members of the limited liability company agreement of the limited liability company agreement of the limited liability company. | e or changes are made, the Floregistered agent will be identice confirmed that the change(s) bility company or as otherwise limited liability company. | orida street address of the cal. Or, in the case of a l was/were authorized by a | e registered office Florida limited an affirmative vote of |
| Maureen Cullen, Attorney (Printed or typed name of signee) | in Fact | - | |
| I hereby accept the appointme comply with the provisions of and I am familiar with and accepter 608, F.S. Or, if this address, I hereby confirm that | ent as registered agent and ag all statules relative to the procept the obligations of my postocument is being filed to mer the limited liability company | ree to act in this capacit per and complete perfori ition as registered agent ely reflect a change in th has been notified in writ | y. I further agree to mance of my duties, as provided for in the registered office ting of this change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

Registered Agent) Jacqueline M. Giles, Asst. Vice President

INH\$18(10/99)