01000013917

Notional Revisions Agents, Inc. (Requestors Name)
Metional Registered Agents, Inc. (Requestor's Name) 2030 Main St., Suite 1030 (Address)
1 (Address) 926/4
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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02/12/07--01034--016 **25.00

SECRETARY OF STATE
OIVISION OF CORPORATIONS

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 liability company is:	TICKETMASTER FLORIDA GIFT CERTIFICATES L.L.C.	
2. The mailing address of the limited liability con		
8800 West Sunset Blvd., West Hollywood, CA 90069		
August 20, 2001	L01000013917	
3. Date of filing/registration in Florida .	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the	
Corporation Service Corr	npany	
	Name	
1201 Hays Street	=======================================	
	Address 2525 Itate and Zip PLE OT FLE OT	
Tallahassee, FL 32301-2	2525	
City, S	tate and Zip	
6. The name and address of the new registered agent and/or office:		
NRAI Services, Inc.		
Name 2731 Executive Park Drive, Suite 4		
Florida street address (P.O. Box NOT acceptable)		
	·	
Weston	FL 33331	
City, Sta	ate and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
(Signatule of a member or authorized representative of a member)		
Paul J. Hagan, Authorized Representative (Printed or typed name of signee)		
(Signature of Registered Agent) Paul J. Hagan, Assistant Secretary	ent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

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