

L01000013917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10 APR 19 AM 10:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 19 PM 1:35

B. KOHR

APR 19 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 344589 7768053

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
10 APR 19 PM 1:35

ORDER DATE : April 8, 2010

ORDER TIME : 4:37 PM

ORDER NO. : 344589-014

CUSTOMER NO: 7768053

CHANGE OF AGENT

NAME: TICKETMASTER FLORIDA GIFT
CERTIFICATES L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

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. Name of the limited liability company: TICKETMASTER FLORIDA GIFT CERTIFICATES L.L.C.

2. (a) Principal office address of limited liability company: 8800 W. Sunset Blvd.
(Note: MUST BE STREET ADDRESS) West Hollywood, CA 90069

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

8/20/2001

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

NRAI Services, Inc.

Registered Office Address:

2731 Executive Park Drive, Suite 4
Weston, FL 3331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Corporation Service Company

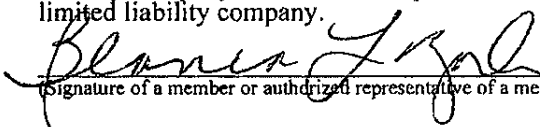
NEW Registered Office Address:

1201 Hays Street

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

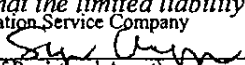
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


(Signature of a member or authorized representative of a member)

Blanca Lozada, Authorized Person
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:


(Signature of Registered Agent) Sylvia Queppet, Assistant V.P.

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

FILING FEE: \$25.00