

MA 10. 2003 12:22PM MS ROAD, MIAMI

L02000018889

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

HOME TOWN CABLE TV OF ST. LUCIE COUNTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

L02-18889

EX

MAR. 10. 2003 3:22PM

BROAD. CASSEL

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P. 2/2

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Home Town Cable TV of St. Lucie County, LLC
2. The principal office address: 1290 Biltmore Street, Suite A, Port St. Lucie, FL 34984, Attn: Laurie Silvers

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/25/02 Document number: L02000018889

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Laurie Silvers

1290 Biltmore Street, Suite A

Port St. Lucie, FL 34984

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

A. Jeffry Robinson, Esq.

201 South Biscayne Boulevard, Suite 3000

(P.O. Box or postpaid mailings NOT acceptable)

Miami, Florida 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the Board)

LAURIE S. SILVERS CEO
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

3-10-03

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
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