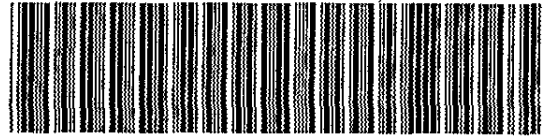


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FILED
03 MAY 19 AM 10:47

CLERK OF STATE
TALLAHASSEE, FLORIDA



200018953982

05/19/03--01028--015 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Pearce Law Firm, PLLC

A Professional Limited Liability Company

107 R.R. 620 South, Suite 114

Austin, Texas 78734

Tel. (512) 349-9988

Fax (512) 266-8574

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03 MAY 19 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 12, 2003

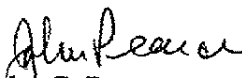
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Cablevision of Marion County, LLC

Dear Madam or Sir:

Enclosed in duplicate you will find the change of registered office form for filing with your office, along with the \$25 filing fee. Please return a copy marked filed to the above letterhead address.

Sincerely,


John G. Pearce

Enclosure-

**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. FILED
03 APR 15 AM 10:47
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is: Cablevision of Marion County, LLC
2. The mailing address of the limited liability company is: 919 R.R. 620 South, Austin, TX 78734

4/23/03

L03000014548

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jon Moyle

Name

201 S. Monroe

Address

Tallahassee, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

Jon Moyle

Name

The Perkins House, 118 North Gasden St.

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

City, State 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.

John G. Pearce
(Signature of a member or authorized representative of a member)

John G. Pearce

(Printed or typed name of signer)

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.

[Signature]
(Signature of Registered Agent)

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