## 103000039941

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| · C21                     | MAGA              | ZINE –      |
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## 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: College 21 MAgazine 166.   |
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| 2. The mailing address of the limited liability company is: 1058 Scr Cth Drive.   |
| Gainzsuille FL 32601. Nhit A.   |
| October 17, 2003  Lo300003994  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:   |
| The Company Coperation  Name  2711 Centerville hand Soute 400 1201 Hays St,  Address  Ullmington, DE 19808  City, State and Zip  7010 Hays St.  30301   |
| 6. The name and address of the new registered agent and/or office:  |
| Name Name  Nose. So Cth Drive  Florida street address (P.O. Box NOT acceptable)  Gainoville FL 32601 vin A  |
| 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. |
| James Nabors II 7/4/04  (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.   |
| (Signature of Registered Agent)   |
| Division of Cornerations, P.O. Roy 6327, Tallahassee, FI, 32314   |

FILING FEE: \$25.00

INHS18(10/99)