

05000021977

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : TRIAD PROFESSIONAL SERVICES LLC COA
Account Number : I200800000085
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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2009 FEB 27 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
MAGIC BROADCASTING FLORIDA LICENSING, LLC

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EXAMINER

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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: Magic Broadcasting Florida Licensing, LLC
2. The mailing address of the limited liability company is: 7106 Laird Street, Suite 102
Panama City, FL 32408

3. Date of filing/registration in Florida 03/03/2005 4. Document number L05000021977

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

James T. Milligan Name
7106 Laird Street, Suite 102 Address
Panama City, FL 32408 City, State and Zip

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

Scott Helms Name
2606 Thomas Drive, Suite 150 Address
Florida street address (P.O. Box NOT acceptable)
Panama City Beach FL 32408 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.

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

Scott Helms, Authorized Representative
(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.

Scott Helms
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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