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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 : I20080000085
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
MAGIC BROADCASTING FLORIDA, LLC

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M. THOMAS

MAR - 2 2009

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

- 03/03/2005 L05000021979
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:

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

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

Scott Helms
Name
2605 Thomas Drive, Suite 150
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 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.

Scott Helms
(Signature of Registered Agent)

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

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