

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827~5300

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REGISTERED AGENT CHANGE

MEDIA SUPPORT GROUP, LLC

| Contigues - Contract | |
|-----------------------|---------|
| Certificate of Status | |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

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Corporate Filing Men. MCLEOP

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EXAMINER

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P.02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Ourseast to the except | cions of sections 608 416 | or 608.508, Florida Statutes, the ur | idersioned limited |
|---|---|--|---|
| liability company submagent, or both, in the S | nits the following statemen | i in order to change its registered o | ffice or registered |
| i. The name of the lim | nited liability company is: 1 | Media Support Group, LLC | · |
| 2. The mailing address | s of the limited liability con | npany is: | |
| 412 East Madison St., Su | ite 1220, Tampa, Florida 33602 | | • |
| 5/14/2009 | | L09000047224 | |
| | Date of filing/registration in Florida 4. Document numb | | , |
| 5. The name of the reg Florida Department | istered agent and the registe of State: Richard Vinay | ered office address as shown on the re | cords of the |
| | | Name | • |
| | 6660 64th Avenue North | , | <u></u> |
| | | Address | 20 ≥≤ |
| | Pinellas Park, Florida 337 | | |
| | Lity, S | State and Zip | |
| 6. The name and addre | ss of the new registered age | ent and/or office: | 27 27 27 27 27 27 27 27 27 27 27 27 27 2 |
| | Business Filings Incorpora | ated | 7 |
| | | ame | က် 🔑 |
| | 1203 Governors Square Bi | | 잃 표 ` |
| • | Florida street address | (P.O. Box NOT acceptable) | |
| | Tallahassee, Florida 32301-2 | 2960 | |
| | City, Str | ate and Zip | |
| confirmed that after the and the business office liability company, it is the members of the limithe operating agreement. | e change of changes are ma | nder the laws of the State of Florida, in the Florida street address of the relibe identical. Or, in the case of a Floridange(s) was/were authorized by an astronomy. | gistered office |
| . • | - ' | • | |
| Oksana Pitkina, Manage (Printed or typed name of sign | | | , |
| | - , | ent and agree to act in this capacity, to the proper and complete performa of my position as registered agent as ied to merely reflect a change in the r company has been notified in writing | I further agree to ice of my duties, provided for in egistered office of this change. |
| (Signature of Registered Ages | n) Mark Williams A.V.P | ., Business Filings Incorporated. | |
| Divi | ision of Corporations, P.O |). Box 6327, Tallahassee, FL 32314 | |

PARKER 18/10/00A