## 0000000

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

CORPORATION(S) NAME		4000034844:841 -12/04/0001038023 *****25.00 *****25.00	
Waterford Multimedia C	ommunications, L.L.C.		- - - -
( ) Profit ( ) Nonprofit	() Amendment	() Merger	<b>-</b> -
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	_
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC	_
() Certified Copy	() Photocopies	() CUS	_
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	( ) After 4:30 (x) Pick Up	_
Name Availability Document	12/04/00	Order#:	OO DE
ExaminerUpdater		Ref#: SSE	AND FILED 00 DEC -4 PM
Verifier Acknowledgement W.P. Verifier	DIVISION OF CORPORATION	Amount:\$ FLORIDA	D 2:50

## 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: Waterford Multimedia Communications, L.L.C. 2. The mailing address of the limited liability company is: 1200 N. Federal Highway, Suite 401 Boca Raton, FL 33432 M00000000059 01-11-2000 Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: NRAI Services, Inc. Name 526 E. Park Avenue Address Tallahassee, FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) 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 of a member or authorized representative of a member) David W. Svete (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. C T Corporation System PETER F. SOUZA (Signature of Registered Agent) ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00** INHS18(10/99)

FLOIS- 9/27/99 C T System Online