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NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, NY 10001

Telephone: (212) 356-8351

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8352

August 24, 2006

Corporations Division Secretary of State of Florida P.O. Box 6327 Tallahassee, FL 32314

RE: NEW TIMES MEDIA, LLC

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

Check # - 249/13 - 75.00

Resesse Lasta

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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: NEW TIMES MEDIA, LLC
	y company is: 1201 E. Jefferson Street, Phoenix, AZ 85034
August 17, 2000	M0000001636
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on the records of the
LexisNexis Docume	
	Name
1201 Hays Street	SAR 6
Tallahassee, FL 323	301
C	ity, State and Zip
6. The name and address of the new registered	Address 301 ity, State and Zip d agent and/or office:
NRAI Services, Inc.	
2731 Executive Park	Name Drive, Suite 4
Florida street add	ress (P.O. Box NOT acceptable)
Weston	FL 33331
City	y, State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that	
1 allny	8129106
(Signature of a member or authorized representative of a me	mber)
Jed Brunst, Authorized Representative	
(Printed or typed name of signee)	•
A Elica Talias to	d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ions of my position as registered agent as provided for in ag filed to merely reflect a change in the registered office willty company has been notified in writing of this change.
(Signature of Registered Agent) By: Delia Taliento, Asst. Secty,	
	P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)