

| Radio City Christmas Spectacu | lar Touring, LLC | | |
|--|--|---|----------------------------|
| 0 | | | |
| | | ······································ | |
| | | | |
| | | | |
| | | | |
| | | <u> </u> | |
| | | | |
| | | | 7 S S |
| | | ··· | |
| | | | |
| | | | FILED 27 PM ARY OF |
| | | <u></u> | |
| () 70 - 70 | | r | 등록 |
| () Profit | () Amendment | () Merger | 08 |
| () Nonprofit () Foreign | | | > |
| | () Dissolution/Withdrawal () Reinstatement | () Mark | TEC PE |
| () Limited Partnership | () Annual Report | | CEIVE |
| ()LLC | () Name Registration | (x) Change of RA | P < |
| () () :: () () | () Fictitious Name | _()UCC _ \$ | |
| () Certified Copy | () Photocopies | () Other (x) Change of RA () UCC () CUS | 22 22 32 32 33 |
| () Call When Ready | () Call If Problem | () After 4:30 | |
| (x) Walk In | () Will Wait | (x) Pick Up | |
| () Mail Out | · · · · · · · · · · · · · · · · · · · | (ii) I will Op | |
| Name | , NO | ······································ | |
| Availability_ | 12/27/01 | Order#: 4648122 | |
| Document | h' h' | - | |
| Examiner | MOD. W. 121 | | |
| Updater | 11/00 | Ref#: | |
| Verifier | - 176 | | |
| W.P. Verifier | i city /th | kf | |
| | 1 XX) | Amount: \$ | |
| | Y)* | 70000474 | 12872 |
| 660 East Jefferson Street | | 70000474 -12/27/01 | -01044005 |
| THE PROPERTY OF THE PROPERTY O | | *****25.00 |) *****25. <i>0</i> 8 |

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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: Radio City Christmas Spectacular To | ouring, LLC | | | |
|---|---|--|--|--|
| 2. The mailing address of the limited liability company is: | | | | |
| 200 East Basse Road, San Antonio, TX 78209 | | | | |
| November 29, 2001 M0000002429 | | | | |
| 3. Date of filing/registration in Florida 4. Document number | per | | | |
| 5. The name of the registered agent and the registered office address as shown or Florida Department of State: | the records of the | | | |
| Corporation Service Company | | | | |
| Name | • | | | |
| 1201 Hays Street | | | | |
| Address | munity . | | | |
| Tallahassee, FL 78209 | 25. 13. 13. | | | |
| City, State and Zip | ≥8 | | | |
| 6. The name and address of the new registered agent and/or office: | FILED DEC 27 PM CRETARY OF LAHASSEE, I | | | |
| C T Corporation System | ED PH 2: 0 OF STAT | | | |
| Name | | | | |
| 1200 South Pine Island Road | SA 12 | | | |
| Florida street address (P.O. Box NOT acceptable) | 2: 08 STATE LORIDA | | | |
| Plantation FL 33324 | | | | |
| 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) | | | | |
| Kirk Hood, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered agent Chapter 608, F.S. Or, if this document is being filed to merely reflect a change is address, I hereby confirm that the limited liability company has been notified in a CT Corporation System (NIRK HOOD) | tormance ot my auties, | | | |
| ACCIOTANT CECRETARY | | | | |
| (Signature of Registered Agent) ASSISTANT SECRETARY Division of Corporations, P.O. Box 6327, Tallahassee, FL, 32314 | | | | |

FILING FEE: \$25.00

FL015-9/27/99 C T System Online

INHS18(10/99)