## CORLORATION(S) NAME

I Love Lucy Touring, LLC			
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			<u>π</u> ω
() Profit () Nonprofit	() Amendment	() Merger	0
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	THE STEE
() Limited Partnership () LLC	() Annual Report  () Name Registration () Fictitious Name	() Merger  () Mark  () Other (x) Change of RA () UCC () CUS  () CUS	OT DECEIVED
() Certified Copy	() Photocopies	() CUS	3 D
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	<del>-</del>
Name Availability Document	12/27/01	Order#: 4983657	
Examiner Updater Verifier	$M_{O_1}$ $\sigma/3$	Ref#:	
W.P. Verifier	- \ \	kf Amount: \$	
660 East Jefferson Street	EXX.	500004741 -12/27/01 *****25.00	1285 01044003 *****25.00

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.

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1. The name of the limited liability compan		NY . NY 12 12 1	>TX 10026		<b></b> '
2. The mailing address of the limited liabili	ty company is: 220 West 42nd Street	, New York,	NY 10030	<u> </u>	<b></b> '
		-			<u>-</u> ·
3/27/2001	M01000000676				
3. Date of filing/registration in Florida	4. Document nur	nber			
5. The name of the registered agent and the	registered office address as shown	on the reco	ords of th	e	
Florida Department of State:	registered office address as shown	on mo icoc	100 01 111	•	
Согра	oration Service Company				
	Name	· 4			
	120 Hays Street	_	===4		
	Address		≥'%	$\subseteq$	
Tallahassee, FL 32301-2525					
	City, State and Zip		<u> </u>	5	
6. The name and address of the new register	red agent and/or office:		TARY OF STATE	01 DEC 27 PM 2: 08	=
<u> </u>			EEO	70	.ED
C T Corporation Sys	stem		TO		ب
	Name		SZ Z	5	
1200 South Pine Isla		· <del></del>		08	
Florida street ac	ldress (P.O. Box NOT acceptable)		<u>1</u> >		
Plantation	FL 33324				
	ity, State and Zip	*. <del>==</del>			
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed th the members of the limited liability compar the operating agreement of the limited liabi	are made, the Florida street address	of the regi	istereu o	1	of
11-11-21		_			
(Signature of a member or authorized representative of a	member)	<del></del>			
Kirk Hood, Secretary (Printed or typed name of signee)		5.4			
I hereby accept the appointment as registe comply with the provisions of all statutes re and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited I C T Corporation System  (Signature of Registered Agent)	elative to the proper and complete prations of my position as registered	agent as p	rovided	tor in	, :
· <del>-</del>	ns, P.O. Box 6327, Tallahassee, F	L 32314			

FILING FEE: \$25.00

FL015-9/27/99 C T System Online

INHS18(10/99)