M01000000874

(Re	questor's Name)	
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(Address)		
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations		
SUBJECT: Media Works, LLC.		
(Name of Limited Li	ability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Christina McKee		
(Name of Person)		
	ALL BE	
Media Works, LLC. (Firm/Company)	AHA BB 2	
	J P	
537 Hornblower Lane		
(Address)	PILED PH 3: 34 ZOUGFEB 27 PH 3: 34 TALLAHASSEE, FLORIDA	
Longboat Key, FL 34228	Pā	
(City/State and Zip Code)	·	
For forther information concerning this matter places	cells	
For further information concerning this matter, please	Caii.	
Christina McKeeat (941	<u>387-3560</u>	
(Name of Person)	(Area Code & Daytime Telephone Number)	
CTDDET/COVIDED ADDRESS.	MAII INC ADDRESS.	
STREET/COURIER ADDRESS: Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Fiorida 32314	
Enclosed is a check for the following amoun	t:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (8/05)		

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: Media Works, LLC. 2. The mailing address of the limited liability company is: 537 Hornblower Lane Longboat Key, FL 34228 M01000000874 04/16/2001 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Corporation Service Company Name 1201 Hays Street Address Tallahassee, FL 32301-2525 City, State and Zip 6. The name and address of the new registered agent and/or office: Christina McKee Name 537 Hornblower Lane Florida street address (P.O. Box NOT acceptable) Longboat Key, FL 34228
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. Chi si na Uckee (Signature of a member or authorized representative of a member) Christina McKee (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. McKee Our stive

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)