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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| (Dusiness Littly Harrie) | | | | | | |
| (Document Number) | | | | | | |
| (bocument Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE: 790160

7221340

AUTHORIZATION : .

COST LIMIT :

2500

ORDER TIME : 10:46 AM

ORDER DATE : July 2, 2004

ORDER NO. : 790160-045

CUSTOMER NO: 7221340

CUSTOMER: Ms. Candy Marendt

Auction Broadcasting Company

1919 South Post Road

Indianapolis, IN 46329

CHANGE OF AGENT

NAME:

AUCTION BROADCASTING COMPANY,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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 | l liability company is | AUCTION | BROADCASTING C | OMPANY (L | LC F | <u> </u> |
|--|---|---|--------------------|--|--|---|
| 2. The mailing address of | the limited liability c | ompany is: | | <u> </u> | | |
| 1919 South Post Ro | ad, Indianapolis, | IN 46239 | | | | 2 1 |
| February 04, 2002 | | | M02000000319 | | 20 | 2: |
| 3. Date of filing/registration in Florida | | | 4. Document n | | | |
| 5. The name of the register Florida Department of S | | stered office | address as show | n on the reco | ords of th | ne |
| | C T Cor | poration S | ystem | | | |
| | | Name | | _ | | |
| | 1200 Sout | h Pine Isla | ınd Road | | | |
| | | Address | | - · | | |
| | Planta | tion, FL 3 | 3324 | | | |
| | | , State and Z | | · · | | |
| 6. The name and address of | of the new registered a | agent and/or | office: | | | |
| | Corporatio | on Service | Company | | | |
| | | Name | | | | |
| _ | 1201 | Hays Stree | t | _ | | |
| | Florida street addres | ss (P.O. Box | NOT acceptable | •) | | |
| | Tallahassee | FL | 32301 | | | |
| | City, | State and Zip |) | | | |
| If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited t | lange or changes are not the registered agent we eby confirmed that the liability company or fithe limited liability of the liability | nade, the Flo vill be identic e change(s) v as otherwise company. | rida street addres | ss of the regi se of a Florid | istered of da limite | ffice d |
| | | | | | | |
| Maureen Cullen, Attor (Printed or typed name of signee) | ney in Fact | | - | | | |
| I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm | M. Liles | | | capacity. I performand d agent as p ge in the ret in writing (| further a ce of my o rovided j gistered o of this ch | gree to Juties, for in office ange. |
| (Signature of Registered Agent) J | acqueline M. Gile | s, Asst. V | ice President | | | |

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

INHS18(10/99)