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CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 029213 / 4813078 AUTHORIZATION: Melenan COST LIMIT : \$ 25.00 ORDER DATE : September 23, 2021 ORDER TIME : 11:07 AM ORDER NO. : 029213-053 CUSTOMER NO: 4813078 CHANGE OF AGENT NAME: RADIO DISNEY GROUP, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XXX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	Name of the limited liability company: RADIO DISNEY GROUP, LLC					
2. (a)	13725 MONTFORT DRIVE	(t	500 SOL	JTH BUENA VI	ISTA STREET	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	·, ·		of limited liability company: BE POST OFFICE BON	
	DALLAS, TX 75240	_	BURBAN	IK, CA 91521		
	07/30/2003		M030000	02522		
3.	Date of filing/registration in Florida	4.	-	Document nur	mber	
5. (a)	GIACALONE, MARGARET C					
(b) _	Registered Agent and Registered Office shown on the records of the 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH Registered Office Address MUST BE FLORIDA STREET A	OR NORTH			2021 S SECR	
	LAKE BUENA VISTA FL	32830		_	FALLAHYSSO	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			_	8: 29	
	NEW Registered Office Address:	-		_		
	1201 Hays Street					
	Tallahassee, FL	32301	_	_		
mange igent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered fility core the limi	d office and npany, it is ted liability	d the business of thereby confirm y company or a	Office of the registered med that the change(s)	
/s/ Chakira H Gavazzi Chakira H Gavazzi				ezzi Authorized	Person	
Signa	ture of a member or authorized representative of a member			Printed or typed r	name of signee	
he obl. o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided j by reflect a change in the registered office address. I he i in writing of this change.	e to act i erforma for in Ci reby coi	n this capa nce of my a napter 605, nfirm that t	icity. I further luties, and I am , F.S. Or, if thi he limited liabi	agree to comply with the a familiar with and accept is document is being filed lity company has been	
Signatu	re of Registered Agent	Grace E	. Kirby, As	sst. Vice Presid	lent	