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(Re	equestor's Name)	,
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Cincinnati Reds LLC (Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Elizabeth Gray		
(Name of Person)		
Dinsmore & Shohl LLP (Firm/Company)		
255 East Fifth Street, Suite 1900	O7 NOV 13 AM 11:16 SECRETARY OF STATE FALL AHASSEE FLORID	
(Address)	The H	
Cincinnati, OH 45202	STATE CORE	
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Elizabeth Gray	at (513) 977-8237	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followi	ng amount:	
\$25 Filing Fee	▼ \$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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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 compar	ny is: The Cincinnati Re	eds LLC		
2. The mailing address of the	he limited liabil	ity company is : 100 l	Main Street, Cincinnati	i, Ohio 45202	
March 16, 2005		M0	95000001415		
3. Date of filing/registration in Florida		4.	4. Document number		
5. The name of the registere Florida Department of St		registered office add	ress as shown on the	records of the	
<u>C</u>	CT Corporation		· · · · · · · · · · · · · · · · · · ·		
1	200 South Pine	Name S Island Road			
<u>-</u>	200 00011111111	Address			
<u> </u>	Plantation, FL 3				
		City, State and Zip		25 F	
6. The name and address of	the new register	red agent and/or offic	e:		
J	eff Maultsby			OT NOV 13 AM 11: 17 SECRETARY OF STATE FALLAHASSEE, FLORID	
_		Name		新·	
		m, 2700 12th Street	T accentable)	Hos H	
	riorida street ac	idress (P.O. Box NO 7	acceptable)	鰡コ	
<u>s</u>	arasota	FL 34237-30	000	_	
	C	ity, State and Zip			
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member or authorize	nge or changes are registered age by confirmed the led liability come of the limited liability.	are made, the Florida ent will be identical. (at the change(s) was/apany or as otherwise ability company.	street address of the Or, in the case of a Flwere authorized by a	registered office lorida limited n affirmative vote	
TOHUL. (Printed or typed name of signee)	LLEN				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608. F.S. Or of the address. I hereby confirm the (Signature of Registered Agent)	ment as register of all statutes re accept the oblig socument is b at the amitted to	red agent and agree to the proper a ditive to the proper a ditions of my position eing filed to merely reability company has because the company has been declarated as th	o act in this capacity nd complete perform as registered agent c effect a change in the been notified in writi	: I further agree to lance of my duties, as provided for in registered office ng of this change.	

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