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EXAMINER



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FILED. SECRETARY OF STATE DIVISION OF CORPORATIONS



PORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 056130

5017641

AUTHORIZATION

COST LIMIT :

ORDER DATE : January 10, 2012

ORDER TIME : 10:20 AM

ORDER NO. : 056130-097

CUSTOMER NO: 5017641

CHANGE OF AGENT

NAME: SALEM MEDIA OF ILLINOIS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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 company submits the following statement in order to changin the State of Florida.	The Total
1. Name of the limited liability company: SALEM MEDI	A OF ILLINOIS, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	4880 Santa Rosa Rd, Camarillo CA 93012
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4880 Santa Rosa Rd, Camarillo CA 93012
11/04/2005	M05000006171
3. Date of filing/registration in Florida	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	NRAI Services Inc.
Registered Office Address:	2731 Executive Drive Weston FL 33331
(b) Enter name of NEW Registered Agent and/or NEW	/ Registered Office address:
	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Maure Gathel	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a cl confirm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
By: Syrim Quegost	ylvia Queppet, Asst. Vice President

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