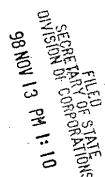


	C T Corporation System			·
Requesto	or's Name 660 East	Jefferso	n Street	
Address	Tallahass	se, FL	32301	
City	State	Zip	Ph	ione



CORP	ORATI	ION(S)	NAME
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USRP (Midon)		-11/13/9801064 ******35.00 ******
) Profit	,	
) NonProfit	() Amendment	() Merger
) Limited Liability Compa ) Foreign	( ) Dissolution/Withdrawal	() Mark
) Limited Partnership ) Reinstatement ) Limited Liability Partr	() Annual Report () Reservation	() Other () Change of R.A. () Fictitious Name
() Certified Copy	() Photo Copies	() CUS
( ) Call When Ready &) Walk In ( ) Mail Out	( ) Call if Problem ( ) Will Wait	() After 4:30 (x) Pick Up
Name Availability Document Examiner	///13/98 PLEASE	RETURN EXTRA COPY(S) FILE STAMPED THANKS JOEY
Updater		
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## Florida Department of State, Sandra B. Mortham, Secretary of State

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

liability company organized under the laws of th	
submits the following statement in order to char the State of Florida.	nge its registered office or registered agent, or both, in
1a. The name of the limited liability company is	S: USRP (Midon), LLC
1b. The mailing address of the limited liability of Dallas, TX 75230	company is: 5310 Harvest Hill, Suite 270
1c. Date of filing/registration in Florida: 9/2	22/97 Document number: M97000000635
2. The name and address of the current registere	ed agent and office:
Corporation Service Company  1201 Hayes St., Tallahassee,	
CT CORPORATION SYSTEM	agent and office: (P.O. BOX NOT ACCEPTABLE)
1200 South Pine Island Road Plantation, FL 33324	<u> </u>
After the change or changes are made, the street of the registered agent will be identical.	address of the registered office and the business office of a majority of the members of the limited liability canization or the regulations of the limited liability
M.	11 - 10 - 98
/ (Signature of a member or authorized, representative of a member)	(Date)
Manaer	
limited liability company, I hereby accept the	to accept service of process for the above stated appointment as registered agent and agree to act with the provisions of all statutes relative to the s, and I am familiar with and accept the obligation
CT CORPORATION SYSTEM	Vivianne Jones Special Assistant Secretary 98
(Signature of Registered Agent)  Division of Cornorations, P.O.	). Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00