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Division of Corperations

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0200000742

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Number : 076077002775 Phone : (407)246-8692 Fax Number : (407)423-7014

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VISION OF CORPORATIONS

REGISTERED AGENT CHANGE

WHO TELEVISION DISTRIBUTION, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to	the provisions of sections	607.0502, 617.0502,	507.1508, or 617.1508. Florida Si	atutes,	
the undersig	med corporation organized	under the laws of the S	State of Florida		
submits the j	following statement in orde	r to change its registe	red office or registered agent, or b	oth, in	
the State of I	Florida.				
1. The name	of the corporation :	·			_
WHO MAD Tel	evision Distribution, In	nc.			
2. The maili	ng address of the corporatio	en :			_
1717 N.	Bayshore Drive, Suite	1245, Miami, Florida	. 33132		_
3. Date of in	ncorporation/qualification:	January 22, 2002	Document number: F0200000742	7	_
4. The name	and address of the current	registered agent and of	fice:	_	
	Michael S. O'Dowd)2 F	.=
	390 N. Orange Avenue,	Suite 1500	<u> </u>	FEB	5
	Orlando, Florida 3280	. בנ		9	Alban (VIII)
5. The name	and address of the new reg (F	istered agent (if change P. O. Box Not Accepta	ed) and/or registered office (if etan		1
	William H. O'Dowd, IV	,	LORI	2: 27	
	1717 N. Bayshore Driv	e, Suite 1245	Dr.	i	
	Miami, Florida 33132				
The street ac agent, as cha	ddress of its registered offic anged, will be identical.	ce and the street addre	ss of the business office of its regis	stered	
Such change authorized b	e was authorized by resolut by the board.	ion duly adopted by it	s board of directors or by an office	r 50	
with	for 14 0 Dans III.		02/09/02		
(Signat	ture of an officer, chairman or vice of	hairman of the board)	(Date)	_	
Villiam H. C	D'Dowd, IV, President				
*** * * * * * * * * * * * * * * * * * *	(Printed or typed name an	-			
Having been corporation, l fürther agr performance registered ag	named as registered agen I hereby accept the appoince to to comply with the prove to of my dulies, and I am fan gent.	t and to accept service atment as registered a isions of all statutes re ailiar with and accept	t of process for the above stated gent and agree to act in this capac clative to the proper and complete the obligation of my position as	îty.	
	li It O'Vand		02/09/02		
- 200	(Signature of Registered Agent)	<u> </u>	(Date)	_	
If signing on b	chalf of an entity:				
	(Typed or Printed Name)		(Capacity)	-	
	* * *	FILING FEE: \$35.0)***		
CR2E045(9/00)	Division of Corporations	P.O. Box 6327	TALLAHASSEE, FL 32314		

(tto20000399871)