(Requestor's Name)		
(Requestors Name)		
(Address)	_	
(Address)		
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Ame Divi	endment Section sion of Corporations	
SUBJECT:	CHEROKEE MEDIA FX, INC., a (Name of Con	Florida corporation poration)
DOCUMEN	T NUMBER: P05000071062	·
The enclosed	Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter t	o the following:
	WILSON A. KNOTT	
	(Name of Cont	act Person)
	(Firm/Con	npany)
	200 RED BUD LANE	
	(Addre	ss)
	LONGWOOD, FLORIDA 32779	
	(City/State and	Zip Code)
For further in	nformation concerning this matter, please ca	II:
WILSON A.	KNOTT	at (407) 774-9127 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CHEROKEE MEDIA FX, INC.,
2. The principal office address: 119 GENEVA DRIVE, OVIEDO, FLORIDA 32765
3. The mailing address (if different): 200 RED BUD LANE, LONGWOOD, FLORIDA 32779
4. Date of incorporation/qualification: 05/13/2005 Document number: P05000071062
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DOUGLAS W. OSWALD of OSWALD, P.L., ATTORNEYS AT LAW
222 S. WESTMONTE DR., STE. 210
ALTAMONTE SPRINGS FL 32714
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
WILSON A. KNOTT
200 RED BUD LANE
(P.O. Box NOT acceptable) LONGWOOD, FLORIDA 32779
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Wilson Quantities Will SON A. KNOTT (Printed or typed name and title) DIRECTOR
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Welson a Know Delgust 28, 2008 (Signature of Registered Agent) Output Output Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *