FEB-15

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone

: (302)575-0875

Fax Number

: (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE IT BROADCASTING DIGITAL MEDIA, INC.

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

Fursuant 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.	
I. The name of the corporation: IT Broadcasting Digital Media, Inc.	
2. The principal office address; 9145 Narcoossee Rd., Suite 106A-152	_
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/29/2010 Document number: P10000054433	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
B&C Corporate Services of Central Florida	
390 North Orange Ave Suite 1400	
Orlando, FL 32801	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
AGENTS AND CORPORATIONS, INC.	
300 Fifth Avenue South, Suite 101-330 PO. Dox NOT acceptable Naples, FL 34102	アズインのつつないこと
PO. Box NOT acceptable	1
	711
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.	
Black graded by An Proport Product Continue Designed From the Board of the State o	
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.	
Signature of Registered Agent 2/15/16 Date	
If signing on behalf of an entity: July L. Williams Agents and Corporations place. Typed or Printed Name Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)