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(Requestor's	Name)
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(Business Entity Name)	
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APPROVED

APR 0.5 2012
T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
Division of Corporations		
SUBJECT: Bawn Media Group Inc  Name of Corporation		
DOCUMENT NUMBER: P1 2000012051		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Anthony Newsome  Name of Contact Person		
Rown Media Group Inc. Firm/Company		
18 BGx 272 Midtaen Startian  Address		
New York NY 10018 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anthony Newsone at (646) 578 - 8684 ext 4712  Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address:		

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Bown Media Group, Inc	
2. The principal office address: 2243 West 1St Street  Lackson ville, FL 32209	
3. The mailing address (if different): PO Box 272 Midtown Station  New York NY 10018	
4. Date of incorporation/qualification: 2/3/12 Document number: P1200012051	
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)	
United States Corporation Agents, Inc 13302 Winding Oak Court suit A	
Tampa Fl. 33612	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Lydoda Grant  2243 West 1st Street  P.O. Box NOT acceptable  Dacksonville, FL 32209	
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.  Anthony Newsome 18  Signature of an officer or director.  Printed or typed name and title	
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 2/12/13  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 \* \* \*