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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE METRO NETWORKS COMMUNICATIONS, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

statement of ch	ange is submitted for a corp	poration organize	607,1308, or 617.1308, Flori ed under the laws of the State ed agent, or both, in the State o	of Maryland	
	the corporation: METRO N			oj rioriaa.	
				VAPK NA 10036	_
2. The principal	I office address: 1100 AVE	NUE OF TABAM	IERICAS, 10TH FLOOR NEW	TORK N1 10030	
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	3/23/1987	Document number:	P13724	
	d street address of the currer rtment of State: (If resigned		nt and registered office on file	with the	
	CORPORATION SERVIC	E COMPANY			
	120! Hays Street			Deal	
	TALLAHASSEE FL 32301				
6. The name and (if changed):	I street address of the new n	egister e d agent (i	if changed) and /or registered	I SEP 16 CRETARY AMASSE	
	C T Corporation System				T
	c/o C T Corporation System	, 1200 South Pine	Island Road		أنبتا
	P.O. Box NOT acceptable		DA S		
	Plantation, Florida 33324	<u> </u>		_	
The street addre	ess of its registered office a be identical.	and the street add	iress of the business office of	f its registered agent,	
Such change wa authorized by th	is authorized by resolution ie board, or the corporation		y its board of directors or by ed in writing of the change.		
lus Ri	L. Juca		Nichol McCroy, So	ccretary	
Signalu	a of all officer or director		Printed or typed name an	d title	
I hereby accept I further agree to of my duties, and document is beto corporation has	the appointment as registe o comply with the provisio o tom familiar with and a ng filed merely to reflect a been notified in writing of	red agent and a ns of all statutes ccept the obligat change in the re this change.	gree to act in this capacity, i relative to the proper and c tion of my position as registe igistered office address, I het	omplete performance red agent. Or, if this reby confirm that the	
By:	Corporation System		08/26/2011		
Sign	ature of Registered Agent		Date		
f signing on bet	nalf of an entity: Krietin Bo Assistant Se	olden cretary			
TVI	red or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEFARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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