## 46000001939



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ACCOUNT	NO.	:	0721000000327757ARY Ca	CT 4
			072100000032LLAHASSEE, FI	001V

REFERENCE: 906029

4319220

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: November 21, 2000

ORDER TIME: 9:31 AM

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ORDER NO. : 906029

CUSTOMER NO: 4319220

CUSTOMER: Ms. Carol Menniti

Viacom Inc. 1515 Broadway

51-17

New York, NY 10036

## CHANGE OF AGENT

NAME: ROA MEDIA CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

G OGULLIETTE NOV 2 2 2000

CONTACT PERSON: Tamara Odom -- EXT# 1104

EXAMINER:

## 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation is: ROA Media Corp.
2. The mailing address of the corporation is: _c/o Infinity Outdoor of Florida Holding Co.
2502 North Black Canyojn Highway, Phoneix, AZ 85009
3. Date of incorporation/qualification: 1/8/96 Document number: P96000001939
4. The name and address of the current registered agent and office:
CT Corporation
660 East Jefferson Street
Tallahasse, FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Ilene W. Stack, Assistant Secretary  (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
By: (Date) (Date)
If signing on behalf of an entity:  AST  AST
(Capacity)

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