FROM HILL, WARD, HENDERSON, P, A.

(MON) 11. 29' 99 14:35/ST. 14:30/NO

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000030217 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4000

From:

: HILL, WARD & HENDERSON, P.A. 11 Account Name

Account Number : 072100000520 : (813)221-3900 Phone Fax Number : (813)221-2900

REGISTERED AGENT CHANGE

MAVERICK MEDIA GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

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

Pursuant to the provisions of Section 607.0502 or 607.1508, 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 i	s MAVERIC	K MEDIA G	ROUP, IN	c.		
la. Date of Incorporation: Jur	ıe 17, 1997	······································	Досимен	Number	F 95	3303EV
2. The name and address of the c	zurrent registe	ered agent and		AHA	847.38 62.80	ACTORISE
Jonathan S. Gilbert, 101 East Ker	<u>ınedy Bouley</u>	vard, Suite 37	00, Tampa	Florida 33	602	2 1
3. The name and address of the n	cw registered	I agent and of	ffice:	, ,	FLOST	3: L B
Rick J. Bateman, 6910 Conaty Ro					OF A	-
The street address of its registered agent, as changed, will be identicated	office and the	street addres	s of the bus	iness office	of its reg	zistered
Such change was authorized by resauthorized by the board.	SIGNATU	TRE: M	Rick J. Bate	Say CEO		ficer so
	DATE: _	Mor.	empor	10,18	FG	
HAVING BEEN NAMED AS I PROCESS FOR THE ABOVE STA AS REGISTERED AGENT AND TO COMPLY WITH THE PROVI AND COMPLETE PERFORMAN ACCEPT THE OBLIGATIONS O	REGISTERES ATED CORPO AGREE TO A ISIONS OF A VCE OF MY	D AGENT A DRATION, II ACT IN THIS ALL STATU DUTIES, A TION AS REG	AND TO HEREBY A CAPACTI TES RELA	ACCEPT S ACCEPT AF TY. 1 FURT TIVE TO T	SERVIC POINTI THER A	MENT GREE
			ick J. Bate	man, Regis	tered Ag	ent
	DATE:	2/0/4	mke	10,187	55	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-90)

FILING FEE: \$35.00

(((H99000030217 6)))