☎727 797 8206

HARPER, KYNES

2001/002

Division of Corporations

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DIVISION OF CORPORATIONS

P98000034437

Florida Department of State

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Account Name : HARPER, KYNES, GELLER

Account Number: 070651000745 Phone: (727)799-4840

Fax Number : (727) 797-8206

REGISTERED AGENT CHANGE

MEDIA MANAGEMENT GROUP, INC.

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PRINCIPAL ADDRESS,

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

•	the undersigned corporation organized under the laws of the State ofFlorida 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: Media Management Group, Inc.		
	* The limit of the corporation is, Treater Paring Smeller Gloup, The.		
cipa ess:	2. The mailing address of the corporation is: P O Box 17603, Clearwater, FL 33762, 2840 Scherer Drive, Suite 460, St. Petersburg, FL 33716		
	3. Date of incorporation/qualification: <u>March 16,1998</u> Document number: <u>P98000024437</u>		
	4. The name and address of the current registered agent and office:		
	David A. Pless, Jr.		
	1149 San Marco Drive		
	Largo, FL 33770 Largo, FL 33770 SSR The name and address of the new registered agent and office: (P. O. Box Not Acceptable) David A. Pless, Jr. 2840 Scherer Drive, Suite 460		
	David A. Pless, Jr.		
	2840 Scherer Drive, Suite 460		
	St. Petersburg, FL 33716		
	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 of vice chairman of the board)		
	()		
	David A. Pless. Jr., President (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.		
,	(Signature of Legistered Agent)		
	f signing on behalf of an entity:		
	(Typed or Printed Name)		

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314