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## REGISTERED AGENT CHANGE CLEAR CHANNEL SATELLITE SERVICES, INC.

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

			607.1508, or 617.1508, Florid			
			ed under the laws of the State of			
		_	ed agent, or both, in the State of	f Florida.		
1. The name of	f the corporation: CLEAR (	CHANNEL SATEL	LITE SERVICES, INC.			
2. The princips	al office address: 200 EAS	T BASSE ROAD S.	AN ANTONIO TX 78209	· · · · · · · · · · · · · · · · · · ·		
<b></b>					···	
3. The mailing	address (if different):				<del></del> -	<del></del>
4. Date of incom	rporation/qualification:	6/25/2002	Document number:	F0200000325	5	
5. The name an Florida Depe	ed street address of the currentment of State: (If resigns	rent registered ager ed, enter resigned)	at and registered office on file v	vith the		
	CORPORATION SERVI	CE COMPANY		Σg.	<u></u>	
	1201 HAYS STREET				<u> </u>	~
	TALLAHASSEE FL 3230	01		TAR	5	-
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and for registered of		<b>3</b>	רכ
	CT Corporation System			32	<u></u>	
	c/o C T Corporation System	m, 1200 South Pine	Island Road	در اسارت		,
		P.O. Box NOT acc	epiable	-		
	Plantation, Floride 33324		<u> </u>	<del>_</del>	.,	
The street address changed will	ess of its registered office be identical.	and the street add	ress of the business office of i	its registered ag	gent,	
Such change was authorized by th	as authorized by resolution ne board, or the corporation	n duly adopted by on has been notifie	its board of directors or by and in writing of the change.	n officer so		
14 // 1	a costle li		Nichol McCroy, Sec	retary		
Signatur	E OI AN OINCE DE CHISCHO		Printed or Typed name and t		_	
l hereby accept l further agree t of my dulies, an document is bei corporation has	the appointment as regist o comply with the provisi of am familiar with and of filed merely to reflect to been notified in writing o	tered agent and ag lons of all statutes accept the obligat a change in the re of this change.	ree to act in this capacity, relative to the proper and cor ion of my position as registere gistered office address, I here	mplete perform ad agent. Or, if by confirm that	ance this the	
СТ ( Ву:	Corporation System	08/26/2011				
Sign	Date		_			
f signing on bel WY Bold	neif of an entity:  Kristin Assistant					
Ту	ped or Printed Name					

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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