7/4821

GLAZER & ASSOCIATES, P.A. CORPORATE PLACE 1920 EAST HALLANDALE BEACH BLVD. SUITE 806 HALLANDALE, FLORIDA 33009		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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12/01/03--01088--019 **35.00

2003 DEC - I AM IO: I. O

R.A. Charge 12.10-03

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 Statu	ites, this statement of
, change is submitted for a corporation organized under the laws of the State of	in order
to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: media Toures Consoninium, Inc	
2. The principal office address: 1885 South Ocar Drive	
Hallandale, Florida 33009 =	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/24/68 Document number: 71483	a l
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	e
David J. Schneid	
6877 SW 18th Street, Svite 141	<u> </u>
Boca Roton, FL 33433	2003 2003
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	2003 DEC -1
Gloser and Associates, P.A.	ORP
1920 East Hallondole Breach Byd.	-1 AM 10: 48
(P.O. Box or personal mailbox NOT acceptable)	
Hallandale, Florida 33009	
The street address of its registered office and the street address of the business office of its rechanged will be identical.	gistered agent, as
Such change was authorized by resolution duly adopted by its board of directors or by an offithe board, or the corporation has been notified in writing of the change.	icer so authorized by
Settle (Printed or typed name	and title)
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 comple duties, and I am familiar with and accept the obligation of my position as registered agent. Cheing filed merely to reflect a change in the registered office address, I hereby confirm that the been politiced in writing of this shange.	
//kh 1 = 11-17-02	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Cric Glazer tresident	
(Typed or Printed Name) (Capacity)

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

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

Jd 11/20/03 # 1578