F10277

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. (R	equestor's Name)	
•		
(A	ddress)	
•		
(A	ddress)	
(C	ity/State/Zip/Phone #)	•
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
;		
(De	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEF FI ORIO

APPROYEL
AND
FILED

C. Goullions NAY 1 8 2097

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	FINSER CORPOR	
DOCUMENT NUMBER:	F10277	,
The enclosed Statement of Chang	e of Registered Office/Agent	and fee are submitted for filing
Please return all correspondence	·	
Trease return an correspondence	concerning this matter to the t	ono mig.
	JOAN BURTON JEN	NSEN
	(Name of Contact Per	
	FINSER CORPORA (Firm/Company)	ATION
	(Film/Company)	,
	121 ALHAMBRA PL	AZA SUITE 1400
	(Address)	
	CORAL GABLES, FI	
	(City/State and Zip C	ode)
For further information concerning	ig this matter, please call:	
JOAN BURTON JENSEN	at (305 442-3452 Area Code & Daytime Telephone Number)
(Name of Contact	Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made	payable to the Department of	State.
	Address: nent Section	Street Address: Amendment Section
	of Corporations	Division of Corporations
P.O. Bo Tallahas	ssee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

3

statement of chang	ge is submitted fo	or a corporation organiz	607.1508, or 617.1508, Florida Si ed under the laws of the State of <u>f</u> ed agent, or both, in the State of Fl	Florida	
1. The name of the	corporation:	FINSER CORPORA	ATION		
2. The principal of	•	121 ALHAMBRA PL	AZA, SUITE 1400		
		CORAL GABLES	, FLORIDA 33134		
3. The mailing add	dress (if different	t): Same as above			
4. Date of incorpo	ration/qualificati	ion: November 10, 198	O Document number: F10277		
5. The name and s Florida Departn		the current registered age	ent and registered office on file with	i the	
_	JC	DAN BURTON JE	NSEN		
****	5	50 BILTMORE V	VAY, SUITE 900		
_	C	ORAL GABLES,	FLORIDA 33134		
6. The name and s (if changed):	treet address of t	the new registered agent	(if changed) and /or registered office	ce TAL	9
_	J	OAN BURTON J	ENSEN	CRE LAH	TA.
_	1		PLAZA, SUITE 1400	TARY ASSE	ų
	((P.O. Box NOT acceptable)	, FLORIDA 33134	OF S	=
The street address as changed will be	s of its registered e identical.	d office and the street ac	ddress of the business office of its	registered agent	.1
Such change was authorized by the	authorized by re board, or the co	esolution duly adopted brporation has been noti	by its board of directors or by an officed in writing of the change.	officer so	
- XOUNGE	of an officer or direct	tor)	Joan Burton Jensen, Secr		
I further agree to of my duties, and document is being	comply with the Lam familiar w g filed merely to	as registered agent and e provisions of all statut ith and accept the oblig reflect a change in the writing of this change.	agree to act in this capacity es relative to the proper and com ation of my position as registered registered office address, I hereb	plete performance agent. Or, if this y confirm that the	
Sound	XINONX	\sim	April 25, 2007		
Joan Burton Jense If signing on beha		gent)	(Date)		
N	I/A				
(Туг	ed or Printed Name)				
		* * * FILING FEB	C: \$35.00 * * *		

MAY -9 AM 8: 48

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)