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CT CORPORATION SYSTEM

FILED
01 FEB -7 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Pointe.Com, Incorporated

0

400003656064--3
-02/07/01--01003--016
*****35.00 *****35.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

2/7/01
RA Change
2-7-01
MT
M.C.S.

Order#: 3534565

Ref#: _____

Amount: \$ _____

RECEIVED
01 FEB -7 PM 12:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

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 Statutes, the undersigned corporation organized under the laws of the State of Delaware 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: PointeCom, Incorporated
2. The mailing address of the corporation is: 28 West Flagler Street, Suite 900, Miami FL 33130
3. Date of incorporation/qualification: February 12, 1999 Document number: F99000000859
4. The name and address of the current registered agent and office:

NRAI Services Inc.
526 East Park Avenue
Tallahassee, FL 32301

- 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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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 or vice chairman of the board)

2/02/01
(Date)

Peter Alexander President

(Printed or typed name and title)

(Date)

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.

Dale W. Morris

(Signature of Registered Agent)

2-5-01
(Date)

If signing on behalf of an entity:

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

(Typed or Printed Name)

(Capacity)