

Division of Corporations

P0000116961

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE
Account Number : 105513000740
Phone : (904) 798-3700
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DIVISION OF CORPORATIONS

original fax sent 12/20-10/1
REGISTERED AGENT CHANGE
HIDDEN LABS, INC.

Certificate of Status	0
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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 Florida 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 : Hidden Labs, Inc.
- 2. The mailing address of the corporation : 20 South First Street, Suite 5
Jacksonville Beach, FL 32250
- 3. Date of incorporation/qualification: 12-22-00 Document number: P00000116961
- 4. The name and address of the current registered agent and office:

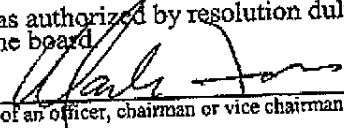
Crabtree & Fallar
8777 San Jose Boulevard, Bldg. A, Suite 200
Jacksonville, FL 32217

- 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
- Motolaw, Inc.
50 North Laura Street, Suite 2500
Jacksonville, FL 32202

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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

 12/10/01
 (Signature of an officer, chairman or vice chairman of the board) (Date)

Mark Foss, Chairman
 (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.

 12/20/01
 (Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Robert G. Shaffer, II , its President
 (Typed or Printed Name) (Capacity)

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

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