P9500035908 CT CORPORATION SYSTEM

CORPORATION(S) NAME		FILED FILED PA	
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Examiner		Ref#:	CD
Updater Verifier W.P. Verifier		TALLAHASSEE, FLORIDA <u>OIVISION (\$</u> MINSIM& ATLINS DEPARTMENT OF STATE	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 01 DEC 13 bN 1: 25

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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 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 is: CELLAR DOOR VENUES, INC.
2. The mailing address of the corporation is: 650 MADISON AVE, NEW YORK, NY 10022
3. Date of incorporation/qualification: MAY 8, 1995 Document number: P95000035908
4. The name and address of the current registered agent and office:
CORPORATION SERVICE COMPANY
1201 HAYS STREET ω
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
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) (Date)
KIRK HOOD Secretary 12/11/01
(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 amfamiliar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent)
If signing on behalf of an entity: KIRK HOOD ASSISTANT SECRETARY
(Typed or Printed Name) (Capacity)

CR2E045(4/95)

FILING FEE: \$35.00