Division of Corporations

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To:

NOISIAID

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A

Account Number : 075410001562 (813)228-7411 Fax Number : (813)228-9401

## REGISTERED AGENT CHANGE

HIT PROMOTIONAL PRODUCTS, INC.

Certificate of Status	О прина пада пада до
Certified Copy	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned	d corporation organized w	rder the laws of the Sta	7.1508, or 617.1508, Floria ate of Delaware	<del></del> -		
submits the foll	lowing statement in order	to change its registere	d office or registered agent,	or both, in		
the State of Flo		December 2 Days	dusta Two			
1. The name of	the corporation: Hit	: Promotional Pro	ducts, inc.		-	
				·	<b>-</b> ;	
2. The mailing	address of the corporation	7150 Bryan D	airy Road		<b>-</b> ,∴	
		Largo, Flori	da 34647		_	
3. Date of inco	orporation/qualification:	June 19, 1981	Document number: 84948	30	-	-
4. The name an	nd address of the current re	gistered ägent and offi	ce: " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	•		-
	Prentice-Hall Corp	oration System,	Inc.			
	1201 Hays Street,			. 4		<u>-</u>
	Tallahassee, FL	32301				-
5. The name ar	nd address of the new regis	tered agent (if changed O. Box Not Acceptab	i) and/or registered office (if le)	changed):	,,	
	Fowler White Bog	gs Banker P.A.				
	Attention: David 501 E. Kennedy B	d M. Doney Tvd., Suite 1700		# N " .		
	Tampa, Florida	33602			_	
The street add	ress of its registered office ged, will be identical.	and the street address	s of the business office of its	registered	<i>!</i> "	
Such change v	vas authorized by resolution	on duly adopted by its	board of directors or by an o	officer so		
authorized by		<u></u>	12/12/01			
(Signatus	e of an officer, chairman or vice cl	pairman of the board)	(Date)	s	0	
Sauce Ma	adows, Chief Financ	ial Officer		LEC.	02 J	
	(Printed or typed name and	i tide)	·	#E	J.	
Having been n corporation, I I further agree performance o registered age	e to comply with the provi of mv duties, and I am fam	and to accept service tment as registered as sions of all statutes re iliar with and accept	of process for the above sta yent and agree to act in this a lative to the proper and com the obligation of my position	capacity OF S	7 PM	FLED
Said	41 Arua		12/12/01	25 25 25 25 25 25 25 25 25 25 25 25 25 2	h: 0	
<u> </u>	(Signature of Roustered Agent)		(Date)	DA	-	
If signing on beb	alf of an entity:					
David M.			Shareholder (Capacity)	<u></u>		
	(Typed or Printed Name)		(zahanes)			
	***	filing fee: \$35.00	) * * *			
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32314			
	DIVISION OF CONFORMITORS	TION WOLLD'S	**************************************			

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