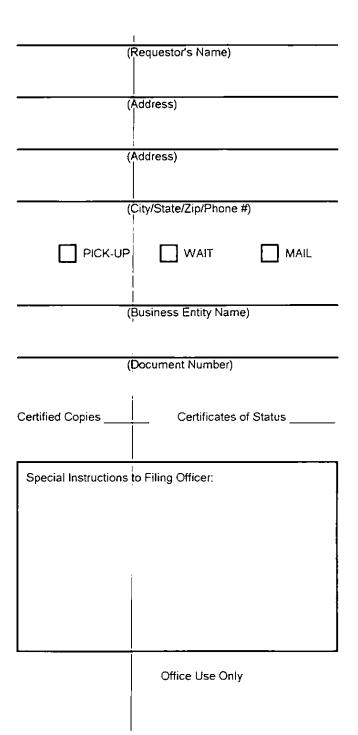
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COVER LETTER

10:	Division of Corporations		
SUBJECT: HOT WINE COMMUNICATIONS, LTD. Name of Limited Partnership or Limited Liability Limited Partnership			
•			
DOCUMENT NUMBER: BO600000 108			
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
ANTONIO CONTACINI Contact Person			
Contact Person			
HOTWIRE COMMUNICATIONS, LTD.			
rim/Company			
2100 W. CYPRESS CREEK WARD			
Address			
FORT LANDENDALE, FL 33309			
City, State and Zip Code			
ANTONIO. CONTARINI @ HOTWIRE COMMUNIKATION. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
AN	Name of Contact Person Area Co	4) 406-1154 de and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Florida Department of State.			
STRE	EET ADDRESS: MA	AILING ADDRESS:	
	stration Section Re	gistration Section	
	•	vision of Corporations	
	····		
	•	tahassee, FL 32314	
Division Clifton 2661 I	sion of Corporations Dis- on Building P.		

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HOTWINE COMMUNICATIONS, LTD.		
Name of Limited Partnership or Limited Liability Limited Partnership		
2. 03/07/2006 3. B06000000108		
Date of filing/registration in Florida Florida document number		
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
FERGUSON, SUZANNE		
2100 W. CYPNESS CLEEK ROAD		
2100 W. CYPNESS CLEEK ROAD Address FOUR LANDOUNCE, FL 33309 City, State and Zip		
(T ·		
5. The name and Florida street address of the new registered agent and/or office:		
ANTONIO CONTARINI Name		
2100 W. CYPLESS CLEEK ROAD Florida street address (P.O. Box not acceptable)		
FORT LAUDOLDATE FL 33309		
City, State and Zip		
6. Such change(s) is/are effective when filed by the Florida Department of State.		
Signature of General Partner		
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 an accept the obligations of my position as registered agent.		
Suff Mofontallu-		
Signature of Registered Agent		
Filing Fee: \$35.00 Certified Copy (optional): \$52.50		
Cartifica Copy (Optional). Ocalov		