

F 01000004096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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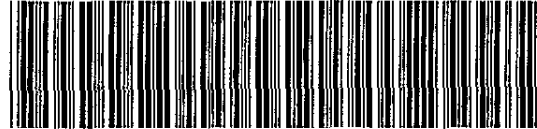
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FA King

05/18/04

DC

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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kahunaville of Tampa, Inc.
2. The principal office address: International Plaza, 2223 North
Westshore Blvd., Tampa, FL 33602
3. The mailing address (if different): 500 South Madison Street, #200
Wilmington, DE 19081
4. Date of incorporation/qualification: 08/02/2001 Document number: F01000004096
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John H. Rains, III, John H. Rains III, P.A.

501 E. Kennedy Blvd., Suite 750

Tampa, FL 33602-5237

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

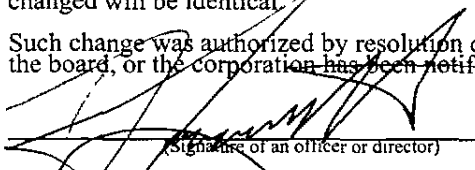
1200 South Pine Island Road

(P.O. Box or personal mailbox NOT acceptable)

Plantation, FL 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, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Daryl E. Totten - Pres
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

PETER F. SOUZA
ASSISTANT SECRETARY


(Signature of Registered Agent)

5/10/04
(Date)

If signing on behalf of an entity:

PETER F. SOUZA
ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA