F02000003078

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	∍#)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(50	onicos Entity Ivan	(10)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALL AHASSEF FLORIDA

FILED

RA. Charge

C. Southette JAN 0 7 2008



FILING REQUEST

December 27, 2007

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

FIRST CLASS SEATS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 27820 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Wisconsin registered agent, or both, in the State of Florida.	his
	he corporation:	First Class Seats, Inc.	
	office address: 566 State Street,		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 6/18/2002	Document number: F020000030	78
5. The name and		ered agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island	Road	TAL 38
	Plantation, FL 33324		
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	-Z ASSE
	NRAI Services, Inc.		AM IU: OF STA
	2731 Executive Park D		
	(P.O. Box NOT acc Weston, FL 33331	eptable)	
The street addre		street address of the business office of its register	ed agent,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an officer so	0
Make	Sure of an officer or director)	Marsha Eberhardt, Vice President (Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete per he obligation of my position as registered agent. e in the registered office address, I hereby confirn hange.	formance Or, if this n that the
Nelissa	gnature of Registered Agent)	13/27/2007 (Date)	
If signing on be	half of an entity:		
Melissa Ho	obbs, Asst. Secretary		
T)	Typed or Printed Name)		

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

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

CR2E045 (8/05)

APPROVE