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PICK-UP WAT	MAIL MAIL
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Certified Copies Certified	cates of Status
Special Instructions to Filing Officer	:
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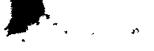
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R. A. Charge. AFT 2-19-04



TO:

Amendment Section Division of Corporations

TRANSMITTAL LETTER

	_	D. A. C. A. T.
SUBJECT:		Kadate Group, Inc.
		(Name of corporation)

DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Nick Bullard	
(Name of person)	-
Radiate Group, Inc. (Name of firm/company)	
(Name of firm/company)	-

Please return all correspondence concerning this matter to the following:

5000 South Towne Drive (Address)

New Berlin WI 5315/ (City/state and zip code)

For further information concerning this matter, please call:

Nick Gullard at (262) 780-6120

(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)



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
De awase in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: Radiate Group, Inc.
2. The principal office address: 555 S. Federal Huy, Suite 350
Boca Roten, FL 33432
3. The mailing address (if different): 5000 South Towns Doing
New Berly WI 53151
4. Date of incorporation/qualification: 1/29/02 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CT Corporation System
c/o CT Corporation System
1700 South fine Island Road Plantation FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Steve Goth I/C Rediate Group
SSS S. Federal Huy., Suite 350
(P.O. Box or personal mailbox NOT acceptable)
Boca Reton, FL 33432
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, chairman or vice chairman of the board) VIRGINIA GERAGHETY CFO (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.
By: Signature of Registered Agent) (Date)
If signing on behalf of an entity:
RADIATE GROUP tresident

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DEVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEC, FL 32314

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