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SECRETARY OF STATE
TALL AHASSEF FLORE

C. Coulliste NOV 0 6 2003

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUB.	IECT: Master Call Communi	
	-	(Name of corporation)
DOC	UMENT NUMBER: F0300	0002263
The e	enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence co	oncerning this matter to the following:
Rou	uslan Tsoutiev	
	(Name of pers	son)
Mas	ster Call Communications, Inc	
	(Name of firm/cor	mpany)
50 E	Broadway Suite 1109	
-	(Address)	· · · · · · · · · · · · · · · · · · ·
New	York, NY 10004	
	(City/state and zip	code)
For fu	ırther information concerning	this matter, please call:
Stanl	ey H. Golove	at (212) 324-1221 x 601 (Area code & daytime telephone number)
	(Name of person)	(Area code & daytime telephone number)
Enclo	sed is a \$35.00 check made pa	ayable to the Department of State.
Divisi P.O. I	ng Address: Idment Section Ion of Corporations Box 6327 Inassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	of change is subm	itted for a corport	ztion organized w	ider the laws of	ilic State of or both, in the State
of Florida.	in orași i	o charge us rega	nerea office or re	Researed afterer	or som, in the blace
	f the corporation:_	Masier Cali Comn	nunications, Inc		ي عيد
2. The princips	al office address:_	50 Broadway Suite	1109		\$ G.
		New York, NY 100		·	747
3. The mailing	address (if differe	:nr):			
4. Date of inco	rporation/qualific	ution: 05/05/03	Docu	mont number:	F03000002263
5. The name ar	nd street address o extraent of State:			gistered office o	m file with the
	Me. Zinaida Mar	ntelrina			
	18 Rybar Lane				
	Palm Coast, FL	32164			
6. The name a changed):	nd street address Ms. Zinalda Mant	<u> </u>	ered agent (if ch	inged) and for	registered office (if
	41 White Dove La	200			 -
		U.O. Bak of personal n	ALIENE NO LESCOPTULE)		
	Palm Coast, Ft. 3	2164			
_					ce of its registered
Such change w authorized by the	as authorized by the board, or the c	resolution duly ad emoration has be	opted by its board on notified in writ	of directors or ing of the chan	by an officer so ge.
(STEPHENIE OF BY BITIOS	Charton or vice extin	क्रिक के कि	(Friilled	soutiev - Preside	<u> </u>
I horeby accept I further agree performance of registered agen office address.	the appointment to comply with the first and I for if this doct I hereby confirm	as registered age e provisions of al am familiar with unens is being file that the corporati	nt and agree to a l statutes relative and accept the ob ed merely to reflec on has been notif	et in this capac to the proper o ligation of my t a change in L led in writing o	ity. rid complete position as he registered fixis chunge.
-Sanil		Firine_	10.01.		
If signing on behal	_	· •		V 7	
	Typed or Printed Name)			(Capacity)	

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

Make checks payable to Florida Department of State and Mail to: Division of Cordorations, P.O. Box 6317, Tallahasser, FL 31314