F03000004455

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ACCOUNT NO. : 072100000032

REFERENCE : 457716 7380987

AUTHORIZATION : Johnson Penist

COST LIMIT : \$ 35.00 *VD*

ORDER DATE: February 24, 2004

ORDER TIME: 9:49 AM

ORDER NO. : 457716-015

CUSTOMER NO: 7380987

CUSTOMER: Doug Bates

Source Interlink Companies, Suite 400 27500 Riverview

Center Boulevard

Bonita Springs, FL 34134

CHANGE OF AGENT

NAME: DAVID E. YOUNG, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

change is submi	provisions of sections 607.0502, 617.0502, 6 itted for a corporation organized under the l gistered office or registered agent, or both, i	aws of the State of New Yor		this sto	atement of in order		
1. The name of	the corporation: DAVID E. YOUNG, INC	•					
2. The principal	office address: 27500 Riverview Cent						
4. Date of incor	poration/qualification: 09/05/2003	Document number: F030	00004455				
	d street address of the current registered ager rtment of State:	nt and registered office on file	with the				
	Douglas J. Bates, Esq.			-			
	27500 Riverview Center Blvd.,	Suite 400	SECTION	1 0			
	Bonita Springs, FL 34134			- AS	<u> </u>		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Corporation Service Company 1201 Hays Street		N A	- 33 88			
	(P.O. Box or personal mail	box NOT acceptable)		-	• •		
	Tallahassee, FL 32301			_	•		
The street addre	ess of its registered office and the street ade e identical.	dress of the business office of	of its registe	red ag	ent, as		
Such change withe board for th	as authorized by resolution duly adopted be corporation has been notified in writing o	y its board of directors or by of the change.	an officer s	so autl	norized by		
/ Lug	Douglas J. Bates, Asst. Secretary (Signature of an officer or director) (Printed or typed name and title)						
I hereby accept I further agree duties, and I an being filed mer been notified in	the appointment as registered agent and a to comply with the provisions of all statute in familiar with and accept the obligation o ely to reflect a change in the registered off writing of this change.	agree to act in this capacity. Is relative to the proper and a f my position as registered a lice address, I hereby confirn	complete pe igent. Or, if n that the co	erform Tthis a orpora	ance of my locument is tion has		
Corporation By:	Service Company	22	5-04				
	(Signature of Registered Agent)		(Date)				
If signing on be	chalf of an entity:						
Sylvia Quep	pet	Asst. Vice Pres	ident				
	(Typed or Printed Name)		(Capacity)				

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