Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name

: AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone

Fax Number

: (302)575-0875 : (302)575-1642

\*\*Enter the email address fdr this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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REGISTERED AGENT CHANGE

INTERNET TECHNOLOGY BROADCASTING CORPORATION

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

statement of char	rovisions of sections 607,0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this tge is submitted for a corporation organized under the laws of the State of Deleware
	to change its registered office or registered agent, or both, in the State of Florida,
	e corporation: Internet Technology Broadcasting Corporation
2. The principal of	office address; 9145 Narcoossee Road, Suite 106a-152, ORLANDO, FL 3282
3. The mailing ad	idross (if different):
4. Date of incorpo	pration/qualification: 04/14/2004 Document number: F0400002051
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
_	B&C CORPORATE SERVICES OF CENTRAL FLORIDA
	390 N ORANGE AVE STE 1400
	ORLANDO, FL 32801
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
<u>-</u>	Agents and Corporations, Inc.
_	300 FIFTH AVE. SOUTH, SUITE 101-330
	P.O. Box NOTecceptable NAPLES, FL 34102
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, or identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so hoard, or the corporation has been notified in writing of the change.  Discussion Manager Houseld a cou
-11/11 Hore	Ann Margaret Howard
I hereby accept to I further agree to performance of n agent. Or, if this hereby confirm th	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete ty duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
by: Signa	Ture of Regulated Agent
If signing on beh.	alf of an entity:  Craw ford
Typ	cd 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