F05000002723

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: RedSquare Corporation, dba RedSquare Communication Corporation (Name of Corporation)				
DOCU	UMENT NUMBER: F05000002723	·		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	John J. Pringle, Jr., Esquire (Name of Contact	Person)		
Ellis, Lawhorne & Sims, P.A. (Firm/Company)				
P.O. Box 2285 (Address)				
	Columbia SC 29202			
	(City/State and Zi	p Code)		
For fur	rther information concerning this matter, please call:			
Carol	Roof, Paralegal at (Name of Contact Person)	(803) 779-0066 (Area Code & Daytime Telephone Number)		
Enclose	sed 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

	the provisions of sections 607.0502, 617.0502, 607.1508 change is submitted for a corporation organized under		
	order to change its registered office or registered agent,	*	
1. The name of	e of the corporation: RedS	RedSquare Communication Corporation	
	ipal office address: 9325 Alameda Harbor Avenue Las		
3. The mailing	ng address (if different):		
4. Date of inco	corporation/qualification: 1/29/01 Docu	ment number; F05000002723	
	and street address of the current registered agent and regepartment of State:	gistered office on file with the	
	Bill Radford		
	2032 Ancient Oak Drive	1000	
	Ocoee, FL 34761	200	
6. The name ar (if changed):	and street address of the new registered agent (if change d):	ed) and /or registered office	
	Carole Fleming	97.8	
	431 East Central Blvd., Suite 511		
\bigcirc	(PO Box NOT acceptable) Orlando FL 32801		
The street addi	ddress of its registered office and the street address of will be identical.	the business office of its registered agent,	
Such change w	was authorized by resolution duly adopted by its boay the board or the corporation has been notified in wr	rd of directors or by an officer so iting of the change.	
(Spina	mature of antonicer or director) DAN:	el Lwestz President	
I hereby accep I further agree of my duties, a document is be corporation ha	ept the appointment as registered agent and agree to c ee to comply with the provisions of all statutes relative and I am familiar with and accept the obligation of n being filed merely to reflect a change in the registered has been notified in writing of this change.	act in this capacity. e to the proper and complete performance ny position as registered agent. Or, if this t office address, I hereby confirm that the	
Cay	. A 4 A .	1 - 16 - 06	
If signing on b	behalf of an entity:		
0//	/A		
<i>7</i> 1	LIVNEO OF Printed Names		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO; DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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