

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

PAGGOUNT Name : C T CORPORATION SYSTEM Account Number : FCA000000023

-Phone : (850)222-1092 #ax Number : (850)878-5926

REGISTERED AGENT CHANGE

BIGFOOT INTERACTIVE, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

CT CORP

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware r to change its registered office or registered agent, or both, in the State of Florida.	
	he corporation: Bigfoot Interactive, Inc.	
2. The principal	office address: 18th Floor, 315 Park Avenus South, New York, NY 10010	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 9/1/05 Document number: F05000005149	
	street address of the current registered agent and registered office on file with the timent of State:	
	Corpotation Service Company	
	1201 Hays Street	
	Tailahassee, FL 32301-2525	
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered office	Total s
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Box NOT acceptable)	!
	Plantation, Florida 33324	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.	
STORAL	Leigh Ann K. Epperson, Assistant Secretary (Printed or typed mains and title)	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Maria	Part ta grantes of Registered Agent) (Date)	
If signing on be	half of an entity: Maria Ozaeta	
	Vice President Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	
M, CR2E045 (8/05)	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FL006 - 09/(4/2005 C T System Online