-06000003747

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
· (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist Instructions to Siling Officers
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT:	Di Gi 7AL 1 PRODUCTIONS, INC. (Name of Corporation)
DOCUMENT NUMBER:	F06000003747
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	Andrew Zelman (Name of Contact Person)
	DioTAL I PRODUCTIONS INC. (Firm/Company)
	GII S. A. Harrison Ave. #317 (Address)
	(City/State and Zip Code)
For further information concerning	this matter, please call:
Andrew Zelm	at (727) 446 - 4780 (Area Code & Daytime Telephone Number)
(Name of Contact P	

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

Pursuant to the provisions of sections 607 statement of change is submitted for a co					e
in order to change its registered					_
1. The name of the corporation:	Dio	TAL.	1 PROPUC	TIONS 1.	WC.
2. The principal office address:	611 S.	h.	Hourison	Ave. #3	17
<i>U</i>	anvater	FL	33 756	•	
3. The mailing address (if different):					
4. Date of incorporation/qualification:	5/26/06	Documen	t number: F	0600000	3747
5. The name and street address of the curr Florida Department of State:	ent registered ager	nt and registe	red office on file w	ith the	
•	フ	1.			
<u>Dr</u>	ew Le	man	Street	型器	-11
330	07 NW	554	Street	-EE E	
F1.	Lauderd	lale F	2 33309	2007 JUL 23 PHIZ: 1. SECRETARY OF STATI	5
6. The name and street address of the new		•		Fice PA	
(if changed):	registered agent (ii changeu) a	ina for registered of	FLO K	,
.	ROBBINS F	DUITAS	P.A.	、智言	5
		•	•	_	
(P.O.1	Box NOT acceptable)	CAL Y	R. SX. A	<u> </u>	
St.	Peters burp	FL	33704		
The street address of its registered office as changed will be identical.	_			its registered ag	ent,
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted b	y its board o	of directors or by a	n officer so	
authorized by the board, dy the corporati	ion nas occii nom		<i>IA</i> .	_	_
(Signature of an officer or director)			Printed or typed name and	d title)	Bry.
I hereby accept the appointment as regi. I further agree to comply with the provis of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing	sions of all statute l accept the obliga t a change in the r	e rolativo ta	the proper and co	emplete performe ed agent. Or, if eby confirm that	ance this the
(Signature of Registered Agent)			7/20/0 (Date)	7	-
If signing on behalf of an entity: J. Chaistopher Ro	bbins,	Presi	dens		
Robbins Equitas.	* FILING FEE		*		
MAKE CHECKS PA MAIL TO: DIVISION OF COI	ayable to Flori	IDA D EPART		. 32314	

CR2E045 (8/05)