

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : I20080000054 Phone : (949)955-9585 Fax Number : (800)562-6504

MECELVES

09 AUG - 5 AM 8: 0

ECRETARY OF STATE

ELAHASSEE, FLORM

REGISTERED AGENT CHANGE

THE ACTIVE NETWORK, INC.

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

statement of change is submitte	ctions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this d for a corporation organized under the laws of the State of Delaware registered office or registered agent, or both, in the State of Florida.	
The name of the corporation:		
2. The principal office address:		
s. The principal office addition.	San Diego, CA 92121	
3. The mailing address (if differ	ent):	
4. Date of incorporation/qualifi-	cation: 12/07/2007 Document number: F07000005997	
	of the current registered agent and registered office on file with the	
C T Corpo	ration System	
1200 South	n Pine Island Road	
Plantation,	FI 33324 *	
(if changed):	of the new registered agent (if changed) and /or registered office	
2731 Exe	cutive Park Drive, Suite 4	
Weston,	(P.O. Box NOT acceptable) FL 33331	
	ered office and the street address of the business office of its registered agent,	
Such change was authorized bauthorized by the board, or the	y resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	
Mon B.	Matt Landa, President (Printed or typed name and title)	
I hereby accept the appointme I further agree to comply with of my duties, and I am familia document is being filed merel corporation has been notified	ont as registered agent and agree to act in this capacity. the provisions of all statutes relative to the proper and complete performance r with and accept the obligation of my position as registered agent. Or, if this y to reflect a change in the registered office address, I hereby confirm that the	
Jose Castellands, Assistant	Secretary	
If signing on behalf of an enti-	y:	
National Registered Ag	·	
(Typed or Printed Na		

* * * FILING FEE; \$35.00 * * *

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

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