S CODD DO 12 3 Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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H120000611533ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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

Address:							
2	Address:						

REGISTERED AGENT CHANGE DESKTOP ACQUISITION SUB, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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COVER LETTER

TO: Amendm Division	ent Section of Corporations	
SUBJECT:	Desktop Acquisition S	ub, Inc.
GODGECT.	Name of Corp	oration
DOCUMENT N	umber:	
	ement of Change of Registered Office/A	
	orrespondence concerning this matter to	
	Julie Johnston	
	Name of Conta	ct Person .
	Yahoo! Inc.	
	Firm/Com	мапу
	701 First Avenue	
	Addres	
	Sunnyvale, CA 94089	
	City/State and	Lip Code
	juliejoh@yahoo-inc.com	u
•	E-mail address: (to be used for futu	re annual report notification)
For further inform	ation concerning this matter, please call	
No	me of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.	00 check made payable to the Departme	nt 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

Z609889998 68:pt Z10Z/Z0/80

CR2E045 (8/05)

PLUIG - 07/23/2009 C T System Online

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

statement of che	provisions of sections 607,0302, 617,0302, 607,1 ange is submitted for a corporation organized und	ter the laws of the State of Delawe	ite
-	er to change its registered office or registered age	nt, or both, in the State of Florida.	
1. The name of	the corporation: Desktop Acquisition Sub, Inc.		
2. The principal	office address: c/o Yahoo! Inc., 701 First Avenue	, Sunnyvale, CA 94089	
3. The mailing a	address (if different): (same as above)		
4. Date of incom	poration/qualification: 1/9/2008 Do	ocument number:	
5. The name and Plorida Depar	d street address of the current registered agent and struent of State: (If resigned, enter resigned)	registered office on file with the	12 MAR
	VCorp Services, LLC	,	
	5011 South State Road 7, Suite 106		
	Davie, FL 10011		
6. The name and (if changed);	street address of the new registered agent (if oha	nged) and /or registered office	0: 51
	C T Corporation System	, , , , , , , , , , , , , , , , , , ,	
	c/o C T Corporation System, 1200 South Pine Islam	d Road	
•	P.O. Box NOT acceptable	•	
	Plantation, Florida 33324		
The street address changed will	as of its registered office and the street address be identical.	of the business office of its regis	tered agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its to board, or the corporation has been notified in	poard of directors or by an officer writing of the change.	r so
	Ntur	Michael Callahan, Secretary	
I hereby accept I further agree to of my duties, and document is held corporation has	o of an other or director. The appointment as registered agent and agree of comply with the provisions of all statutes retail and familiar with and accept the obligation of a filed merely to reflect a change in the registe been notified in writing of this change.	Praise or types name and tale to act in this capacity, the to the proper and complete p if my position as registered agen rea office address, I hereby confi	xerformance l. Or, if this irm that the
By:	Corporation System One of Registered Agent ()	3/7/2012 Date	
If signing on bel	ualf of an entity:		
(Onnie Bruan	•	
77	pet or Printed Marks SCONT SOCIOTOL+ + FILING FEE: 535.1)0 * * *	
	Make checks payable to Florida Di all to: Division of Corporations, P.O. Box	PARTMENT OF STATE 6327, TALLAHASSEE, FL 32314	

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FLOM - MAJANON CT System Outline