Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAME

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Unimusica, Inc.		ihuse
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() Profit () Nonprofit	() Amendment	() Merger D
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark 5
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability 499	06/04/99	
Examiner Updater Verifier Acknowledgement	FILE FIRST	
W.P. Verifier		

Florida Department of State, Jim Smith, Secretary of State

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

	Fursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
	1a. The name of the corporation is: <u>Unimusica</u> , <u>Inc</u> .	
	1b. Date of incorporation November 9, 1981 Document number F54074	
	2. The name and address of the current registered agent and office: Jeffrey S. Grubman, 100 S.E. 2nd St., Suite 2600,	
	Miami, Florida 33131	
	3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	
	c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324	
	The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.	
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
X	Sharon S. Garcia, Secretary	
	June 2, 1999 (Type or printed name and title)	
	DATE	
	HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	
	C T CORPORATION SYSTEM SIGNATURE BY: Λ Σ	
	SIGNATURE BY: (Segistered Agent)	
	DATE 6-4-99 CONNIE BRYAN Division of Corporations P.O. Box 6327 Tollahanna El 222441 SECRETAR	
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•	CR2E045 (7-91) Filing Fee: \$35.00	
(F	FLA 2194 - 3/4/92)	