

ACCOUNT NO. :

072100000032

REFERENCE

840427

AUTHORIZATION

COST LIMIT

\$ 35.00

September 22, 2000

4:10 PM

840427-085

CUSTOMER NO:

721,9739

000003403920--6

CUSTOMER:

Mr. Gregg Mcphee

Antec Corporation 11450 Technology Circle

Duluth, GA 30097

CHANGE OF AGENT

NAME:

ANTEC LATIN AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.15	•
the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered of	
the State of Florida.	ice of registered agent, or both, in
1. The name of the corporation is: ANTEC LATIN AMERICA, INC.	
1. The hame of the corporation is.	
4	
2. The mailing address of the corporation is:	
11450 TECHNOLOGY CIRCLE, DULUTH, GEORGIA 30097	
3. Date of incorporation/qualification: MARCH 7, 1994 Doc	cument number: F94000001117
4. The name and address of the current registered agent and office:	
C T CORPORATION SYSTEM	90 7ALL
1200 SOUTH PINE ISLAND ROAD	SEP 25 PM 4: 47
PLANTATION, FLORIDA 33324 5. The name and address of the new registered agent and office: (P. C	
5. The name and address of the new registered agent and office: (P. C). Box Not Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of tagent, as changed, will be identical.	the business office of its registered
Such change was authorized by resolution duly adopted by its board authorized by the board.	d of directors or by an officer so
Sherry Mulhin	9-19-2000 (Date)
(Signature of an officer, chairman or vice chairman of the board)	(Date)
GREGG MCPHEE, ASST. SECRETARY	
(Printed or typed name and title)	 -
Having been named as registered agent and to accept service of procestorporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obliguestered agent.	ess for the above stated agree to act in this capacity. the proper and complete ation of my position as
By Deliorat O. Skipper	9-22-00
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity: Deborah D. Skipper Asst. Secretary	
(Typed or Printed Name)	(Capacity)
*** FILING FEE: \$35.00 ***	

CR2EO45(7/97)

DIVISION OF CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FL 32314