F94000003414

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MAP MOBILE COMMUNICATIONS, INC.	
(Name of corporation)	
DOCUMENT NUMBER: F94000003414	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	for filing.
Please return all correspondence concerning this matter to the following:	
MAGGIE FERDINAND	
(Name of person)	
PARANET CORPORATIONA/NRAI	
(Name of firm/company)	
3761 VENTURE DRIVE, SUITE 260	
(Address)	
DULUTH, GA 30096	
(City/state and zip code)	
For further information concerning this matter, please call:	
MAGGIE FERDINAND at (800) 221-0102 (Name of person) (Area code & daytime telephone number)	
(Name of person) (Area code & daytime telephone numb	per)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

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

Pursuant to the	ie provisions of s	ections 607.0502, 6	17.0502, 607.1508, or 617.	1508, Florida Statutes,
this statement		-	on organized under the laws red office or registered age	•
of Florida.				
1. The name of	f the corporation:	MAP MOBILE COM	MUNICATIONS, INC.	<u> </u>
2. The principa	al office address:_	840 GREENBRIER (CIRCLE, SUITE 202, CHESAF	'EAKE, VA 23320
3. The mailing	address (if different	ent):		
4. Date of inco	orporation/qualific	cation: 6/29/94	Document numbe	er: F94000003414
5. The name as	nd street address o	of the current register	red agent and registered offic	ce on file with the
Florida Dep	artment of State:			7 <u>7</u> 8
	CT CORPORA	TION SYSTEM		A
	1200 S. PINE I	SLAND RD		
	PLANTATION,	FL 33324		SE 9
6. The name a changed):		_	red agent (if changed) and	/or registered office (if
0 /	NRAI Services,	Inc.		Pm -
	526 E. Park Ave	nue	•	
	Tallahassee, FL	(P.O. Box or personal ma	ilbox NOT acceptable)	
The street add agent, as chan	ress of its register ged will be identi	red office and the strical.	reet address of the business	office of its registered
Such change v authorized by	vas authorized by the board, or the	resolution duly ado copporation has been	pted by its board of director in notified in writing of the c	s or by an officer so hange.
(Signature of an office	TU OMUTOU	rman of the board)	DAVE SHERWOOD, PRESI	IDENT/CFO
I hereby accep I further agree performance of registered age	ot the appointment to comply with to of my duties, and cont. Or, if this do	nt as registered agen the provisions of all I am familiar with a cument is being filed	at and agree to act in this ca statutes relative to the prop nd accept the obligation of I merely to reflect a change on has been notified in writin	pacity. er and complete my position as in the registered
Manoio	Honden	and	JUNE 26, 2003	
The state of the	(Signature of Registered A	Agent)	(Date)	
If signing on beh	alf of an entity:			
By: MAGGIE	FERDINAND		ASSISTANT SECRETARY	<u> </u>
NRAI Services	(Typed or Printed Name) 5, Inc.		(Capacity)	

* * * FILING FEE: \$35.00 * * *