

F9400005333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

11/26/03--01030--015 **35.00

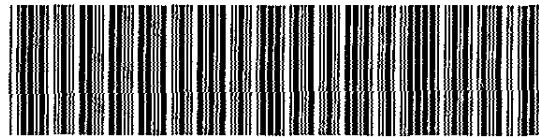
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TOM Larson

Requester's Name

Address

668-6111

City/State/Zip

Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Hearthstone Advisors, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in

Pick up time _____

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HEARTHSTONE ADVISORS, INC.
2. The principal office address: 16133 VENTURA BLVD., SUITE 1400, ENCINO, CA 91436
3. The mailing address (if different): _____
4. Date of incorporation/qualification: October 13, 1994 Document number: F9400000533

JAMES GRIFFIN

1402 East Broward Blvd., Suite 302

Ft. Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

526 EAST PARK AVENUE

(P.O. Box or personal mailbox NOT acceptable)

TALLAHASSEE, FL 32301

The street address of its registered office 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, or the corporation has been notified in writing of the change.

Signatures of an officer or director)

TRACY T. CARVER Senior Vice President

(Printed or typed name and title)

*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. Or, if this document is
being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has
been notified in writing of this change.*

(Signature of Registrant) (cont.)

11/25/03 (Date)

If signing on behalf of an entity:

Gale Smith-Camp

(Typed or Printed Name)

Asst Secty

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314