Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

PLAYBILL INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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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 NEW YORK in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: PLAYBILL INCORPORATED	
2. The principal office address: 37-15 GIST ST., WOODSIDE, NY 11377	
3. The mailing address (if different): SAm E	_
4. Date of incorporation/qualification: 1/23/95 Document number: F9500000357	し、ごだらば
Florida Department of State: (If resigned, enter resigned)	DX C
Edward Popkin 3	
BOCA Raton, F1 33431 6. The name and street address of the name registered expert (if changed) and for registered office	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	L
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	
(P.O. Box NOT acceptable)	
Plantation, Florida 33324	
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.	
Ville Cole SEC. (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 duttes, 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.	
By: 12/29/08 Support of Regillared Agent Secretary (Dute)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (805)

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