

F97000001514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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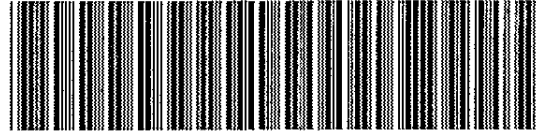
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C. Coulllette JUL 21 2006

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260
Duluth, Georgia 30096
770-497-9977 / 800-277-9977
Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

July 13, 2006

RE: Bob Barker Company, Inc.

TO: Florida Department of State
Division of Corporations – Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

FR: Maggie Ferdinand – maggie@paranetlegal.com
Paranet Job No. 06-07-0094

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION**
ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED) .
CHECK NO 87190 AMOUNT: \$35.00 ENCLOSED

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE
NUMBER (800) 277-9977.**

THANK YOU FOR YOUR EXCELLENT SERVICE©

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bob Barker Company, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F97000001514

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 Contact Person)

Paranet Corporation Services Inc.
(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) 277-9977
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bob Barker Company, Inc.
2. The principal office address: 118 E Jones St., Fuquay-Varina, NC 27526
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/25/1997 Document number: F9700001514
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Grady, Richard
5400 Bayline Drive
Panama City, FL 32404

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

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

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TALLAHASSEE, FLORIDA

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.

X  CFO
(Signature of an officer or director)

Ben W. Forbes, CFO
(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 Registered Agent)

7-10-06
(Date)

If signing on behalf of an entity:

Maggie Ferdinand, Asst. Secy.
(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 (8/05)