May 03, 2000 8:00 am Secretary of State 05-03-2000 90111 011 ***150.00

PSAF DEVELOPMENT, INC.	
Principal Place of Business	Mailing Address
701 WESTERN AVE #200 GLENDALE CA 91201	701 WESTERN AVE.: #200 GLENDALE CA 91201-2349
2. Principal Place of Business 701 Western Avenue	3. Mailing Address 701 Western Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Clendale, CA Clendale	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
Clendale, CA 21 endale, CA 21 endale, CA 31 201-2349 County USA 5. Cartificate of Status Desired \$8.75 Additional Respictive \$8.75 Additional Respicitive \$9.75 Additional Respicitive	seriet, ipt.		··· - ····							
Street Address of New Registered Agent Name Nam	City & State	9	City & State			4. F	El Number 05-4627051		Applied For	
S. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Fronda SIGNATURE Signature, topic or privat have of registered agent and test septicable Pines corporation is elligible to satisfy as intangible Take Imprecurement and exists to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Address (PC) Six Number is Not Acceptable) DIVE Signature in Not Acceptable) City FLL Zip Code FLL Zip Code City FLL Zip Code FLL Zip Code Signature in Not Acceptable) DIVE Signature in Not Acceptable in	Glenda	ile, CA					95 402/001		 _	
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TALLAHASSEE FL 32301-2525 City FL Zip Code				Ì	Street Address (P.O. Box Number is Not Acceptable)					
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Glendale, CA 91201-2349	STREET ADDRESS									
19. Thereby certify that the information symplicid with this filling does not qualify for the exemption stated in Section 119 07/3/(i). Florida Statutes, I further certify that the information	CITY-ST-ZIP		_,					_ _		

Thereby bearing that the information supplied with this initing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: