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To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (ST. LAUDERDALE)  
Account Number : I19980000010  
Phone : (954) 463-2700  
Fax Number : (954) 463-2224

REGISTERED AGENT CHANGE

REAL COMMUNICATIONS SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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October 1, 2001

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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, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : REAL COMMUNICATIONS SERVICES, INC.

2. The mailing address of the corporation : 2455 E. SUNRISE BLVD., 18TH FLOOR,  
FT. LAUDERDALE, FL 33304

3. Date of incorporation/qualification: 05/14/1997 Document number: 89792680256

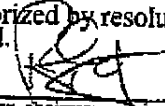
4. The name and address of the current registered agent and office:  
INTRASTATE REGISTERED AGENT CORP.  
701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33131

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)  
AMERICAN INFORMATION SERVICES, INC.  
350 E. LAS OLAS BLVD., SUITE 1600  
FT. LAUDERDALE, FL 33301

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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.

  
\_\_\_\_\_  
(Signature of an officer, chairman or vice chairman of the board)

10-1-01  
(Date)

PETER STOLZ, PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

  
\_\_\_\_\_  
(Signature of Registered Agent)

10-1-01  
(Date)

If signing on behalf of an entity:  
MARLA R. MAYSTER, ASSISTANT SECRETARY  
(Typed or Printed Name) (Capacity)

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