F98000005518

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CORPORATION(S) NAME			FILEU	
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() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		·
() Limited Partnership	() Annual Report	() Other	·	
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1	
undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered of	office or registered agent, or both, in the
State of Florida.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. The name of the corporation is: Caribiner Audio Visual Services, In	c
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2. The mailing address of the corporation is: 111 West Ocean Boulev	vard, Suite 1110, Long Beach, CA 90802
3. Date of incorporation/qualification: 10/02/1998 D	ocument number: F98000005518
4. The name and address of the current registered agent and office	:
	TAE 9
Corporation Service Company	
1201 Hays Street	
Tailahassee, FL 32301-2525	
5. The name and address of the new registered agent and office: (I	P. O. Box Not Acceptable)
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Ro	DA Z8
Plantation, Florida 33324	
The street address of its registered office and the street address agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its authorized by the board.	board of directors or by an officer so
authorized by the board.	2 /14/0
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Laura L Murillo, Assistant Secretary	(Date)
(Printed or typed name and title)	• •
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered ag I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	of process for the act in this capacity. lative to the proper and complete the obligation of my position as
(Signature of Registered Agent)	(Date) 2/23/01
If signing on behalf of an entity:	TARA COFER Special Assistant Secretary
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00