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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID

R.A. Change

T BROWN MAY 1 6 2003

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 |
|---|
| 2. The mailing address of the corporation: 780 Three Are 100 2/55 Place |
| New York, New York, 10017 |
| 3. Date of incorporation/qualification: $\frac{\sqrt{9/7/99}}{\sqrt{199}}$ Document number: $\frac{\sqrt{9900000459}}{\sqrt{199900000459}}$ |
| 4. The name and address of the current registered agent and registered office: Peter Broberg 223 Reruvian Area 301 Research France |
| 5. The name and address of the new registered agent (if changed) and /or registered office (if changed). (P.O. Box NOT Acceptable) WARTID I. Klein 205 Worn Avenue Palm Beach Plotteda 33450 |
| 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) (Date) (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) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |

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