

ACCOUNT NO. : 072100000032

REFERENCE :

263191

4338014_

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: June 4, 1999

ORDER TIME :

11:26 AM

ORDER NO.

263191

CUSTOMER NO:

_4338014

CUSTOMER: Edward L. Shendell, Esq

Video Services Corporation

240 Pegasus Avenue

Northvale, NJ 07647

CHANGE OF AGENT

900002895499--9

NAME: THE POST EDGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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

	•	ons 607.0502, 617.0502, 6 ed under the laws of the Sta	·	98, Florida Statutes,	
	_	rder to change its registere	ed office or register	ed agent, or both, in	
the State of Flora		The Post Edge, Inc.		 	
2. The mailing	address of the corpora	ation is: 1111 Lincoln	Road, Miami Bea	ach, Florida 3313	
3. Date of incor	poration/qualification	: November 1, 1988	Document number:	K41608	
4. The name an	d address of the curre	nt registered agent and offic	æ:	_	
ı	_United Corporate	e Services, Inc.		<u>-</u>	
•		67th Street, Suite 30		. Tas 9	
		ch, FL 33162		99 JUN -4 SECRETAR ALLAHASS	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)					
	CORPORATION SE	ERVICE COMPANY		<u> </u>	
	1201 Hayes Stre	eet		PM 2: OF ST	
	Tallahassee, Fl	L 32301			
The street addre	ss of its registered of d, will be identical.	ffice and the street address	of the business off	ice of its registered	
-	s authorized by resolu	ution duly adopted by its b			
authorized by the	obard.	lm/	Λ	-:	
(Signature	of an officer, chairman or vi	ice chairman of the board)	- Jun	Date)	
Edward L. She	endell Secretary		<i>V</i>	_	
	(Printed or typed name	e and title)			
corporation, I ne I further agree to	reby accept the appoint comply with the prov	nt and to accept service of p ntment as registered agent o visions of all statutes relativ niliar with and accept the o	and agree to act in t e to the proper and t	his capacity. complete	
By: Xaux	ignature of Registered Ager	nt)	(j - 4 - 99 (Date)		
If signing on behalf of	an entity:				
	R. DUNLAP		IT'S AGEN	JT	
(I	Typed or Printed Name)		(Capacity)		
* * * FILING FEE: \$35.00 * * *					

CR2EO45(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE FL 32314