

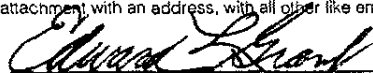


**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K47949</b> 1. Entity Name 1280 BUILDING CORP.			
Principal Place of Business 1 NORTH UNIVERSITY DR. BUILDING A 4TH FLOOR PLANTATION, FL 33324		Mailing Address 1 NORTH UNIVERSITY DR. BUILDING A 4TH FLOOR PLANTATION, FL 33324	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03302006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0104323	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000520652 05/02/06-80103-011 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPORELLA, NICK A 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPORELLA, VINCE 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANT, ED 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAWFORD, LINDA 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BODEN, DAVID J 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	