



**THE UNITED STATES
CORPORATION**

REFERENCE : 746234 100198A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER TIME : 2:13 PM

ORDER NO. : 746234

000003306810--7

CUSTOMER NO: 100198A

CUSTOMER: Kate Cobb, Legal Asst
Fogel & Cohen Attorneys &
Suite 105
2499 Glades Road
Boca Raton, FL 33431

L-7467

CHANGE OF AGENT

NAME: DREAM LIGHT MEDIA, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 JUL 27 AM 8:36

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 JUN 27 PM 3:11

RECEIVED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: Dream Light Media, L.L.C.

2. The mailing address of the limited liability company is : 3510 SE Hyde Circle
Port St. Lucie, FL 34984

3. Date of filing/registration in Florida 6/26/00 4. Document number L0000007467

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Terri Lynn Pakravan
Name
3510 SE Hyde Circle
Address
Port St. Lucie, FL 34984
City, State and Zip

6. The name and address of the new registered agent and/or office:

Doron Wagner
Name
3510 SE Hyde Circle
Florida street address (P.O. Box NOT acceptable)
Port St. Lucie, FL 34984
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Doron Wagner
(Signature of a member or authorized representative of a member)

Doron Wagner
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Doron Wagner
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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00 JUN 27 AM 8:36
TALLAHASSEE FLORIDA
SECRETARY OF STATE