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30 COLUMBIA CORPORATE CENTER 10440 LITTLE PATUXENT PARKWAY COLUMBIA, MARYLAND 21044 TELEPHONE 410 884-0700 FAX 410 884-0719

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TELIPHONE 703 836-5742
FAX 703 836-0265

May 9, 2001

000004273500--1 -05/21/01--01107--008 *****35.00 *****35.00

Via Federal Express

Florida Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re:

CDcoupon Franchising, LLC – Statement of Change of Registered Office and Notice of Change of Principal Address and Mailing Address

Ladies and Gentlemen:

Enclosed please find for immediate filing Statement of Change of Address of Registered Office for the above reference company, along with a check in the amount of \$35.00, payable to the Florida Department of State, to remit payment for the applicable filing fees.

Please date stamp the enclosed extra copy of the Change of Address and Registered Office and return it to: William Jacques, Esq., 210 West Pennsylvania Avenue, Suite 400, Towson, Maryland 21204, in the self addressed stamped envelope provided for your convenience.

Please note that the Company's new Principal Address and Mailing Address is: One Financial Plaza, Suite 2504, 100 S.E. 3rd Avenue, Fort Lauderdale, Florida 33394.

Please do not hesitate to contact me if you have any questions. Thank you for your attention to this matter.

Very truly yours,

William D. Jacques

WDJ:cms

Enclosures 225800 5/23

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

7

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.

agent, or both, in the Stat	te of Florida.		_
1. The name of the limite	ed liability company is: CDcoup	on Franchising, LLC	<u> </u>
2. The mailing address o	f the limited liability company is	: One Financial Plaza	, Suite 2504 .
100 S.E. 3rd Avenue	e, Fort Lauderdale, Flori	đa 33394	
01/08/01		L01000000487	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the register Florida Department of	ered agent and the registered offi State:	ice address as shown on the re	ecords of the
	Anthony R. Morgenthau		
	Name		•
	3333 W. Commercial Boul	evard, Suite 201	
	Address		
	Fort Lauderdale, Florid	la 33309	
	City, State and	l Zip	
6. The name and address	of the new registered agent and/	or office:	
	Turk bound D. Managarah bana		
•	Anthony R. Morgenthau		_ ., o
	Name	2- 2504 300 d B 2-3	**************************************
	One Financial Plaza, Sui	·	Avenue
	Florida street address (P.O. B	ox NOT acceptable)	27 = 24 = 24 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =
	Fort Lauderdale FT 3	33394	2
	City, State and		
	•	•	C2
confirmed that after the cand the business office of	mpany is not organized under the hange or changes are made, the fifthe registered agent will be idented to confirmed that the change of the limited hability company.	Florida street address of the re	egistered office
(Oignature of a Memoer of author	rigga representative of a member)		
Richard M. Andzel			
(Printed or typed name of signee	•		•
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered agent and us of all statutes relative to the paid accept the obligations of my pathis document is being filed to man that the limited liability compaints.	agree to act in this capacity. roper and complete performa osition as registered agent as verely reflect a change in the in my has been notified in writin	I further agree to moe of my duties, provided for in registered office g of this change.
(\sim		

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

NHS18(10/99) FILING FEE: \$25.00