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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LAW OFFICES OF

CRAIG F. SNYDER, P.A.

GREENWAY PROFESSIONAL CENTER 4495 MILITARY TRAIL, SUITE 205 JUPITER, FL 33458

www.estatebiz.net

Craig F. Snyder Attorney at Law

Tel. 561-627-8774 Fax. 561-627-7388

October 26, 2006

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Change of Registered Office

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with a check in the amount of \$150.00 for the following entities:

- 1. UH&M Management, LLC
- 2. SE Universal Holdings and Management I, LLC
- 3. SE Universal Holdings and Management II, LLC
- 4. SE Universal Holdings and Management III, LLC
- 5. SE Universal Enterprises I, LLC
- 6. SE Universal Productions, LLC

Thank you for your attention to this matter.

Sincerely,

Valerie B. Snyder, M&W

For the Firm

Encls.

Cc: Ilene Silverman

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: UH&N	MANAGEMENT, LLC	·
2. The mailing address of the limited liability company	is: 102 NE 2ND STREET, 1	#110, BOCA RATON,
FLORIDA 33432		·
7/18/2002	L02000018228	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State: CRAIG F. SNYDER, E Name 11000 PROSPERITY FA Address	SQ. RMS RD., STE. 203	-1
PALM BEACH GARDEN	S, FL 33410	06 (
6. The name and address of the new registered agent an		06 OCT 30
CRAIG F. SNYDER, ES	Q.	
Name 4495 MILITARY TRAIL, S Florida street address (P.O.	SUITE 205 Box NOT acceptable)	1 5: 37
JUPITER, FL 33458 FL City, State an		_ ·
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the member of the limited liability company or as confirmed that the change of the member of the limited liability company or as confirmed that the change of the member of the limited liability company or as confirmed that the change of the member of the limited liability company or as confirmed that the change of the member of the limited liability company or as confirmed that the change of the members of the limited liability company or as confirmed that the change of the members of the limited liability company or as confirmed that the change of the operation of the limited liability company or as confirmed that the change of the operation of the limited liability company or as confirmed that the change of the operation of the limited liability company or as confirmed that the change of the operation of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited l	the Florida street address of the dentical. Or, in the case of a F	registered office lorida limited
ILENE SILVERMAN, MANAGER (Printed or typed name of signee)		
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity proper and complete perform position as registered agent of merely reflect a change in the pany has been notified in writi	n. I further agree to nance of my duties, as provided for in e registered office ng of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)