L02000029385

— Arque Peng — 14906 SW 139 Are Miami, F1 33186					
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JEURETARY OF STATE OF STORE OF CORPORATIONS OF LONG OF STATE ON THE STATE OF STATE O

M07/02/04

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 limite	d liability company	is: M.C.C. ENT	ERTAINMENT	, LLC	
2. The mailing address of					_
MIAMI, FL 33186					
11/05/2002			L02000029385		, _
3. Date of filing/registration in Florida 4. Document num				ber	
5. The name of the register Florida Department of		RO Name	Iress as shown or	1 the records o	THE OF JUN 28
	MALABAL EL 22	Address			る。
		186 ity, State and Zip			工器
6. The name and address		•	ce:		1.33
	FLOR LEPER	VANCHE			-
	14906 SW 139	Name AV.			
		ress (P.O. Box NO	T acceptable)	•	. :
	MIAMI	FL 33186			
	Cit	y, State and Zip		•	
If the limited liability com confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of the limite the operating agreement of Signature of a member or author	nange or changes are the registered agent reby confirmed that diability company of the limited liability.	re made, the Florida t will be identical. the change(s) was, or as otherwise pro ty company.	of the State of Float street address of Or, in the case of were authorized ovided in the arti	orida, it is here f the registered f a Florida lim by an affirmat cles of organiz	by I office ited ive vote of sation or
	,)	cinoci)			
ARTURO E. PEREZ (Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registere s of all statutes reli d accept the obliga his document is bei that the limited lia /	d agent and agree ative to the proper of tions of my position ng filed to merely t bility company has	to act in this cap and complete per as registered as reflect a change i been notified in	acity. I further formance of nation as provide in the registere writing of this	r agree to ty duties, ed for in ed office change.
(Signature of Registered Agent) -	•	• -	-		

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

INHS18(10/99)

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