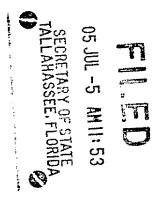


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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: CRE	ATEST	HITS	LLC	
2. The mailing address of the limited liability	v company is:	11870	٧٠. ٢٢	ATE RO	84
SVITE C-11 DAVIE F	L 3332	5			
SVITE C-11, DAVIE F		(0	50000	00 579L	 {
3. Date of filing/registration in Florida		4. Docum	ent numbe	er	
5. The name of the registered agent and the re Florida Department of State:				he records	of the
11870 1	Name V. STATE RE	2 84 6	-11		
DAVIE	Address FC 33 ity, State and Z	1 7 S	<u> </u>		
6. The name and address of the new registere					
JERRY	PUTTEE	Т			
11872 W.	Name	84 C-	11		
Florida street add					0
OAV IE Cit	FL 3	332-{		ECRE	5 1
			•	ASS	i e
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agen liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	e made, the Flot t will be identice the change(s) we or as otherwise ty company.	rida street a	ddress of t	he registere	eroffice.
(Signature of a member or authorized representative of a me	ember)				
STEVE ISANCS (Printed or typed name of signee)	<u> </u>		.च.		
I hereby accept the appointment as registere comply with the provisions of all statutes related and I am familiar with and accept the obligate Charter 608 (F.S. Oh if this document is being all dress, I hereby comply me that the limited liable (Signature of Registered Agent)	d agent and ag tive to the prop tions of my pos us filed to mere bility company	ree to act in oer and com ition as regi ely reflect a has been no	this capac plete perfo stered age change in tified in w	city. I furth ormance of nt as provid the register riting of thi	er agree to my duties, led for in red office s change.
Division of Cornerations	P.O. Roy 632	7 Tallahas	sea Fl 3	2314	

FILING FEE: \$25.00

INHS18(10/99)