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WESTCHESTER

DIRECT DIAL: 215.979.1249
E-MAIL: bruski@duanemorris.com

www.duanemorris.com

October 19, 2005

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

Sunrider Productions II, LLC - File No. D1708-00012

Dear Madam or Sir:

Re:

Enclosed please find the original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for the above entity. Our check in the sum of \$25 is also enclosed to cover the filing fee. Please file the Statement of record and return a date-stamped copy to me in the self-addressed, stamped envelope provided for your convenience. If you have any questions, please feel free to contact me.

Thank you.

Very truly yours,

Lm Marie Bruski Ann Marie Bruski

Paralegal

amb enclosures

cc: Matthew C. Jones, Esquire (w/attachment)

PHI\1500953.1

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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 limit	ed liability company is: Si	inrider Productions II, LL	<u>.C</u> .
	f the limited liability compa		
Mahanoy City, PA 17			
			*
7/7/2005			
3. Date of filing/registra	tion in Florida	4. Document num	ıber
5. The name of the regist Florida Department of	ered agent and the registered	d office address as shown o	n the records of the
Florida Department of	Corporation Service Co	mpany	
	Na Na	me	
	1201 Hays Street		
	Tallahassee, Florida	lress 32301-2525	
		e and Zip	• •
6. The name and address	of the new registered agent	and/or office:	
	Henry Winkler		
	Nam 100 N.E. 20th Terrace	e	70 20
	Florida street address (P.	O. Box NOT acceptable)	2005 OCT 28 SECRETARY TALLAHASS
	Deerfield Beach FI	33441	OCT 28 P
	City, State	and Zip	tari
and the business office of liability company, it is he the members of the limite the operating agreement	npany is not organized under hange or changes are made, f the registered agent will be reby confirmed that the chat and liability company or as of the limited liability comp	the Florida street address of e identical. Or, in the case of nge(s) was/were authorized therwise provided in the art.	lorida, it is hereby of the registered office of a Florida himited 1
(Signature of a member or autho	rized representative of a member)	<u> </u>	-
William G. Brayford, V	ice President		
(Printed or typed name of signee			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 108, F.S. Or, if address, I hereby confign	intment as registered agent as of all statutes relative to to ad accept the obligations of this document is being filed that the fimited liability co	and agree to act in this cap he proper and complete pe my position as registered a to merely reflect a change mpany has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)			
U Divisio	on of Corporations, P.O. B	ox 6327, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)