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DEC 2 7 2006

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 comp	any is: NEXT LEVEL IP, LLC	
2. The mailing address of the limited liab	oility company is: 9350 South Dadeland	Boulevard,
Suite 200, Miami, FL 33156		
		·
8/22/06	L06000083148	
3. Date of filing/registration in Florida	4. Document number	
 The name of the registered agent and the Florida Department of State: 	he registered office address as shown on the r	ecords of the
Miami Con	corate Systems, Inc	
	Name	
283 Catal	lonia Avenue, 2nd, Floor	
	Address	 1
Coral Gal	oles, FL 33134	≥ E 36
	City, State and Zip	CRET CAH,
6. The name and address of the new regis	tered agent and/or office:	
NEXT LEVE	EL, LIC	LL
	Name .	AHII: OF STA E, FLOO
9350 Sout	th Dadeland Boulevard, Suite 200	STAT
Florida street	address (P.O. Box NOT acceptable)	SO ATE RBA
· <u>M</u>	iami FL 33156	<u>.</u>
	City, State and Zip	
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability coor the operating agreement of the limited	anized under the laws of the State of Florida, as are made, the Florida street address of the regent will be identical. Or, in the case of a Flot that the change(s) was/were authorized by an impany or as otherwise provided in the article liability company.	egistered office orida limited affirmative vote
(Signature of a member or authorized representative of	f a member)	
Carlos Blanco, Manager of New (Printed or typed name of signee)		
I hereby accept the appointment as regis. comply with the provisions of all statutes and I am familiar with and accept the oblications of the control of the	tered agent and agree to act in this capacity. relative to the proper and complete performa ligations of my position as registered agent as being filed to merely reflect a change in the illiability company has been notified in writing	I further agree to nee of my duties, provided for in egistered office g of this change.
(Signature of Registered Agent)		
Division of Corporation	ons. P.O. Rox 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)