

TRANSMITTAL LETTER

DATE: December 23, 1996

TO: Florida Department of State

Division of Corporations P. O. Box 6327

Tallahassee, Florida 32314

DIGITAL MESSAGE SYSTEMS CORPORATION

Enclosed is the Statement of Change of Registered Office/Agent for the above referenced corporation, and a check for \$35.00 for the filing fee.

FROM:

Byron Lancaster 2502 North Rocky Point Drive

Suite 1000

Tampa, Florida (813) 289-4014 33607





Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA 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 corporation is: DIGITAL MESSAGE SYSTEMS CORPORATION
2. The mailing address of the corporation is: 2502 N. ROCKY POINT DR.
2. The mailing address of the corporation is: 2502 N. ROCKY POINT DR. SUITE 1000 TAMPA, FL 334.07
3. Date of incorporation/qualification: 1/29/90 Document number: L47356 4. The name and address of the current registered agent and office:
BYRON L. LANCASTER 2502 N. ROCKY POINT DRIVE
SUITE 1000
TAMPA FLORIDA 33607 FE S
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
VICTOR W. HOLCOMB
415 SOUTH HYDE PARK AVE TO TO
TAMPA, FL 33606
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adapted by its board of directors or by an officer so authorized by the board.
(Signaturgs) an officer, chaliman or vice chairman of the board) (Date)
BYRON LANCASTER PRESIDENT (Printed or typed name and title)
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Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the grovisions of all statuted relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent)
If signing on behalf of an entity:
Victor Holcomb Registered Agent (Typed or Printed Name) (Capacity)

FILING FEE: \$35.00

CR2E045(1/95)