464673

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	•				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)				
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL				
Certified Copies Certificates of Status	(Business Entity Name)				
	(Document Number)				
Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
	Special Instructions to Filing Officer:				

Office Use Only



500037883665

NA/14/04--01039--003 **35.00

Pochange Tileurs

2004 JUN 14 PH 1: 10

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	•
SUBJ	JECT: Omni-Lingual Broadcasting Corp.	-
осы	(Name of corporation)	
DOC	CUMENT NUMBER: L64673	
	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Picaso	ce return all correspondence concerning this matter to the following:	
	Emil Antonoff	
	(Name of person)	
	Omni-Lingual Broadcasting Corp.	
	(Name of firm/company)	
	1217 S Military Trail, Suite E	
-	(Address)	
	West Palm Beach FL 33415-4600 US	
	(City/state and zip code)	
For fu	urther information concerning this matter, please call:	
	Elliott Mandl at (954) 722-9929	
	(Name of person) (Area code & daytime telephone	number)
Enclo	osed is a \$35.00 check made payable to the Department of State.	
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	* ·

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, ti	his statement of
change is submitted for a co	orporation organized under the laws of the State of Florida	in order
to change its registered offi	ice or registered agent, or both, in the State of Florida.	
1. The name of the corporat	tion: Omni-Lingual Broadcasting Corp.	
2. The principal office addr	css: 1217 S Military Trail, Suite E, West Palm Beach, FL 33415-4600 US	<u> </u>
3. The mailing address (if d	lifferent):	
4. Date of incorporation/qua	alification: 04/09/90 Document number: L64673	
5. The name and street addr Florida Department of St	ress of the current registered agent and registered office on file with the tate:	užimi pričesim
CATLIN,	H. JAMES JR. ESQ. C/O CATLIN, SAXON, ET AL	
169 EAST	FFLAGLER ST., 1700 DUPONT BLDG.	3 2 2 3 3 4
MIAMI FL	. 33131 AH	200
6. The name and street addr (if changed):	ress of the new registered agent (if changed) and /or registered of image.	2
CATLIN,	H. JAMES JR. C/O CATLIN, SAXON, ET AL	 &
2600 DOL	JGLAS ROAD - SUITE 1109	•
	(P.O. Box or personal mailbox NOT acceptable)	
CORAL G	SABLES, FLORIDA 33134	
The street address of its rechanged will be identical.	gistered office and the street address of the business office of its register	ed agent, as
Such change was authorize the board, or the corporation	ed by resolution duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	o authorized by
	handle ELLIOTT MANDL	V-P
I hereby accept the appoint I further agree to comply values, and I am familiar value filed merely to reflect the en notified in wrifing of	otticer or director) Interest as registered agent and agree to act in this capacity. Interest as registered agent and agree to act in this capacity. In the provisions of all statutes relative to the proper and complete per In the provisions of all statutes relative to the proper and complete per In the constitution of my position as registered agent. Or, if It is change in the registered office address, I hereby confirm that the confirm t	formance of my this document is rporation has
(Typed or Pr	inted Name) (Cupucity)	