# 264673

(Requestor's Name)  (Address)  (Address)	700094512647
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	03/28/0701011027 **35.00
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	O7 MAR 28 AM 8: 33 SECKETARY OF STATE TÄLLAHASSEE. FLORIDA

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### **COVER LETTER**

Amendment Section Division of Corporations
SUBJECT: Omi-Lingual Broad Custing Corp. (Name of Corporation)
DOCUMENT NUMBER: 4 44473
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LISA Marie Maci (54) (Name of Contact Person)  LISA Manie Maci, PA (Firm/Company)  2255 Glade Rd., Sto 324A (Address)
BUCA RATURY, FL 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (571) 361-8528 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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, this
statement of change is submitted for a corporation organized under the laws of the State of <u>flotical</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Omni-Line val Broadcastwe Cosp.
2. The principal office address: 17 16 Lake West The Rd, St. 10.9
Like Worth, FZ 33460
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/09/90 Document number: 404673
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
H. James Contlin, Jr. 650.
2400 Doublas Rd., Str 1/09 = = =
Cocal Gables, FC 33/34
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lisa Marie Macei, Esq.
2255 Clades Rd. Sete 324 Atrom &
BUCA ROSON, FC 33 4 31
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 adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(organization of an officer of director)  Press devot (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
1/20/07
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*