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NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, NY 10001 O4 JAN - 5 PH I: I SECHE FARY OF TATE TALLAHASSEE. FORIO

Fax: (212) 356-8379 -

Telephone: (212) 356-8340

Internet Address: theresa350@aol.com

December 30, 2003

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

RE: OVATION CAPITAL, LLC

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent orboth for Limited Liability Company. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

Check #- 18254- 9/10.00

Meren Zesta

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

agent, or both, in the State of	Florida.	_	ut est, they undersigned, lim ited registered office or registered SECRLTARY OF STATE	
1. The name of the limited li	ability company is:	OVATION CAPITAL, LLC	SECRLTARY OF STATE TALLAHASSEE. FLORIDA	
2. The mailing address of the	e limited liability cor	npany is : 1818 S. Australia	an Avenue, Suite 450	
West Palm Beach, FL 33409			•	
2/27/2001	·	M0000000215	8	
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registered Florida Department of Stat		ered office address as show	wn on the records of the	
ст	Corporation System			
		Name		
12	00 South Pine Island I			
		Address		
Pla	antation, FL 33324			
	• .	State and Zip		
6. The name and address of the	ne new registered ag	ent and/or office:		
NR	Al Services, Inc.	<u> </u>		
526	N E. Park Avenue	lame	,	
		(P.O. Box NOT acceptable	<u>e</u>)	
Ta!	lahassee	FL 32301		
	City, St	ate and Zip	- : -	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
(Signature of a member or authorized i	renresentative of a member	<u> </u>	-	
(Signature of a memory of authorized)	representative of a memoer	,		
Harold Grossman, Authorized P (Printed or typed name of signee)	erson	, <u>, , , , , , , , , , , , , , , , , , </u>		
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm tha NRAI Services. Inc.	nent as registered age all statutes relative cerept the obligations document is being fit the limited liability	ent and agree to act in this to the proper and complet of my position as register led to merely reflect a cha company has been notifie	s capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office ad in writing of this change.	
(Signature of Registered Agent) By: Delia Taliento, Asst. Secty. Division o). Box 6327, Tallahassee,	FL 32314	
INHS18(10/99)	-	G FEE: \$25.00		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

BOTH FOR LIMITE	ED LIABILITY COMPANY)
Pursuant to the provisions of sections 608.416 liability company submits the following stateme agent, or both, in the State of Florida.	or 608.508, Florida Statutes, the ent in order to change its registere	e undersigned limited d office briregistered	: 1:
1. The name of the limited liability company is:	OVATION CAPITAL, LLC	SECNE IARY OF STA TALLAHASSEE FEOI	ATE RIN
2. The mailing address of the limited liability co	mpany is: 1818 S. Australian Avenu		
West Palm Beach, FL 33409		·	
2/27/2001	M0000002158		
3. Date of filing/registration in Florida	4. Document number		·3
3. Date of iming/registration in Frontia	4. Document number		
5. The name of the registered agent and the regis Florida Department of State:	tered office address as shown on the	e records of the	
CT Corporation System			
	Name	·	•
1200 South Pine Island			
	Address		
Plantation, FL 33324	State and Zip		· .
•	•		
6. The name and address of the new registered ag	gent and/or office:		
NRAI Services, Inc.			
	Name		
526 E. Park Avenue		**	
Florida street address	s (P.O. Box NOT acceptable)		
Tallahassee	FL 32301		
City, S	tate and Zip	~~	
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability of	ade, the Florida street address of the ill be identical. Or, in the case of a change(s) was/were authorized by as otherwise provided in the article.	e registered office Florida limited an affirmative vote of	
(Signature of a member or authorized representative of a member	er)		٠.,
Harold Grossman, Authorized Person (Printed or typed name of signce)	<u> </u>		. To
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability NRAI Services, Inc. (Signature of Registered Agent)	gent and agree to act in this capaci e to the proper and complete perfor s of my position as registered agen filed to merely reflect a change in t ty company has been notified in wr	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.	-
D Della Tallanta Anat Contr.			

By: Delia Taliento. Asst. Sectv.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314