## M01000001863

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

Office Use Only



700024791487

SECRES AND SESTAT ALLAHASSEE, FLOR

04 JAN 20 PH 12: 35

O4 JAN 20 JA 8 39



ACCOUNT NO. : 072100000032

REFERENCE

394570

7412037

COST LIMIT : \$ 25.00

ORDER DATE: January 13, 2004

ORDER TIME: 10:43 AM

ORDER NO. : 394570-090

CUSTOMER NO: 7412037

CUSTOMER: Ms. Sheri Clarke

Coast Asset Management L.p.

Suite 100, East Tower 2450 Colorado Avenue Santa Monica, CA 90404

CHANGE OF AGENT

NAME:

BROADWAY ASSET MANAGEMENT

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

1. The name of the limit	ed liability company is:	BROADWAY		gistered office or registered
2. The mailing address o				
_	•			
2450 Colorado Ave	., Suite 100, Santa	a Monica,	CA 90404	
May 11, 2001	<u> </u>	-	M01000001063	
<ol><li>Date of filing/registrat</li></ol>	ion in Florida		4. Document nu	ımber
5. The name of the registe Florida Department of	ered agent and the regis	stered office	address as shown	ことの
	C T Corp	poration S	System	
		Name		FILED JM 20 PM ANIASSEE F
	1200 South		and Road	ED PM 12: 35 20 PM 12: 35 SSEE, FLORIDA
	71	Address	2224	a lost
		tion, FL 3 State and Z		- RDA 35
. The name and address	of the new registered a	gent and/or	office:	
	Corporation	-	Company	_
		Name		
	Florida street addres	Hays Strees (P.O. Box		•
	Tallahassee	FL	32301	
		State and Zir		•
f the limited liability consonfirmed that after the country of the business office of iability company, it is he he members of the limite the operating agreement of the limite of a member or authors.	nange or changes are methor registered agent wereby confirmed that the disability company or of the limited liability contact and the disability confirmed the limited liability contact and liability conta	nade, the Flo ill be identice change(s) vas otherwise company.	orida street address cal. Or, in the case was/were authoriz	of the registered office
Blanca Lozada Attom				*
(Printed or typed name of signee)				

**FILING FEE: \$25.00** 

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