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2006 DEC 26 P 1: OH
SECRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

SUBJECT:	EASTGATE	MEDIA	, LLC		
(Name of Limited Liability Company)					
Dear Sir or Mada	m:				
The enclosed Reg	istered Agent/Register	ed Office Cha	nge and fee(s) are	submitted for t	iling.
Please return all c	orrespondence concer	ning this matte	er to the following	:	
JAME	(Name of Person)	ŒO			
EAST	(Firm/Company)	<u> </u>			
(00	S. Riscayne (Address)	Blud. 7	+1020	PILED 2006 DEC 26 P 1: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MIA	(City/State and Zip Code)	(3)		TARY OF S	
For further inform	nation concerning this	matter, please	call:	I: 04 TATE ORIDA	
JAMES	P. FABER ame of Person)	at (7	86 <u>472 -</u> (Area Code &	9088	hana Numban
(IN	ame of Person)		(Area Code &	Daytime Telep	none Number)
Registratio Division of Clifton Bui 2661 Exect	Corporations	·	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, Florid	en rations	-
Enclosed	is a check for the follo	owing amoun	t:		
□ \$25 Fil	ing Fee	·] \$55 Filing Fee &	& Certified Cop	у

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited l	iability company is: <u>EA.</u>	ST GATE MEDIA, LUC
		: 100 S. Biscayne Blud.,
Suite 1020, A	MAMI, FR 333	7 33131
7/27/0		M05000004161
3. Date of filing/registration		4. Document number
5. The name of the registere Florida Department of Sta		ice address as shown on the records of the
•		
	Chiri, Adol fo Name III SW 6125	7 .
_	Address	
_	FORT LANGEROME	FE 33301 PS
c ==1	City, State and	ARE E
6. The name and address of	the new registered agent and/	or office: ASS 21
	JACOB J. GIVA	er Esq. Fig T
HIGER, LI	CHITER & GIUNER, 2	TALLAHASSEE, FILL SOUTH TOU
	Florida street address (P.O. Bo	ox NOT acceptable
	AVENTURA FL City, State and 2	Zip
of the operating agreement of	any is not organized under the lage or changes are made, the lage registered agent will be ider by confirmed that the change (sed liability company or as other the limited liability company	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
(Signature of a member or authorized	representative of a member)	_
	•	
TAMES P. FR (Printed or typed name of signee)	+BER_	MARINA.
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the (Signature of Registered Agent)	ment as registered agent and of all statutes relative to the pl iccept the obligations of my p is document is being filed to m at the limited liability compai	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.
│	of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

FILING FEE: \$25.00