Sunatati	Sesearch.	56	
Tel	hethesbue dress way		
City/State/Zip	Phone #	Office Use O	nly
1. Sur Corporation	E(S) & DOCUMENT NUM	SING TOC.	RAChange
2. (Corporation 2. 3.	,		23386 98—2 5797-01054-007 **35.00 *****35.00
4. (Corporation) Walk in Pic. Will Mail out	Name) (L	Occument #) Certified Copy Certificate of State	FILED 97 NOV -5 PM 3: SECRETARY OF STATION
NEW FILINGS Profit NonProfit	AMENDMENTS	ector	9 47
Limited Liability Domestication Other	Change of Registered Agent Dissolution/Withdrawal Merger Lower		
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership	MON MON ityer AN	RECKIVED 97 NOV -5 RMII: 36 DIVISION OF CORPORATION
		Examiner's Initials	~

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of - submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. T	he name of the corpora	ation is:	Sea Advertising	, inc.
1b. 1	Date of incorporation	5/9/85	Document nu	mber M15156
	The name and address Mark J. Davis 901 South America Port of Miami Miami, FL 33132	· · · · · · · · · · · · · · · · · · ·	tered agent and office):
Co	ne name and address of (P.O. Box Not A rporation Company I S. Biscayne Bou. ami, FL 33131	cceptable) of Miami	· · · · · · · · · · · · · · · · · ·	FILE 97 NOV -5 I
	street address of its reg registered agent as ch			he business office
	n change was authorize fficer so authorized by the SIGNATURE (//) 9 DATE	the board.		d of directors or by Nice Clarkna ne and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

ampany of Miami **SIGNATURE** Agent) Jill Zammas, Régistered Asst. Secretar

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

FILING FEE: \$35.00 CR2E045 (7-91)