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T BROWN MAY - 6 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 1/0 G Lobal Productions, INC. (Name of corporation)
DOCUMENT NUMBER: P00000006147
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:
Tohn BOGDAN (Name of contact person)
110 Global Productions, /W (Firm/Company)
301 W. Platt Street #157
TAMPR FL. 33606 (City/state and zip code)
For further information concerning this matter, please call:
Tolu Buddow at 813, 250-9225 (Name of contact person) (Area code & daytime telephone number)
(Area code & daytime telephone number)
Enclosed is a \$35.00 check made navable 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 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pr statement of chang in order i	_	r a corporatio	n organize	d under the la	ws of the Stat	e of <u>Flor</u>	. ^
1. The name of the	corporation:	110 G	lobal	Production	PLS /WC.		
2. The principal of	ffice address:	301 N.	Plaff	Street	#151	TAMPA	FC. 33606
3. The mailing add	lress (if different	: SAA	u_				
4. Date of incorpo	ration/qualification	on: <u>1/19</u>	/00	Document	number:/	0000000	6147
5. The name and s Florida Departn	nent of State:			_	ed office on fi	le with the	
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6. The name and s (if changed): —	30/	<u> </u>	Bog 4 Streen acceptable)	dan 1 # 157	_	ed office	FILEU TATE AND TAKE TARKY OF STATE ALLAHASSEE, FLORIDA
The street address as changed will be		-			isiness office	of its register	ed agent,
Such change was authorized by the	7						
Suppature	of an officer of directo	r)		JOHN.	DOG DA	e and title)	0-
If signing our beha	comply with the l am familiar wi filed merely to seen notified in white of Registered Age	provisions of the and accept reflect a chan riting of this comments.	all statute the obliga ge in the r	ngree to act in s relative to th tion of my pos egistered offic	this capacity ne proper and sition as regi. e address, Ti (Date)	d complete per stered agent. hereby confirm	formance Or, if this n that the

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