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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger REGISTRATION/QI Foreign Limited Partnersh Reinstatement Trademark Other	DEC 18 PM 2:	

Examiner's Initials W /2/2

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 1/000000000000000000000000000000000000
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 corporation: Prepaid Technologies, Corporation
2. The mailing address of the corporation: 2035 Harding Street
Suite 201 Hollywood FL 33020
3. Date of incorporation/qualification: Frb 2000 Document number: \$\int 000000 17508
4. The name and address of the current registered agent and office:
6/00 Holly wood Blod.
Su to 1/08
Holly 12000 Fr 33024
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
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C. ip sh
H2/1/2220 FZ 33820
The water
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
12/15/08
(Signature of an officer, chairman of the board) (Date)
Julian Siegel President
Having been named as registered agent and to accept service of process for the above stated corporation, 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 complete.
performance of my duties, and I am familiar with and accept the obligation of my position as
12/15/00 PE
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Mame) (Capacity)
Dr. 2
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

Division of Corporations P.O. Box 6327

TALLAHASSEE, FL 32314