00000026548



ACCOUNT NO. : 072100000032

REFERENCE : 4303929

COST LIMIT : \$ 35.00

ORDER DATE: August 5, 2002

ORDER TIME : 9:47 AM

ORDER NO. : 692875-075

CUSTOMER NO: 4303929

500006915975--9

CUSTOMER: Mr. Daniel Sanchez-galarraga

Greenberg Traurig, P.a. 1221 Brickell Avenue

21st Floor

Miami, FL 33131-3238

CHANGE OF AGENT

NAME: TELEFONICA USA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

C. Couiliette AUG 0 6 2002

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

the undersigned corporation organized under the laws of the State ofFlorida 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: TELEFONICA USA, INC.
2. The mailing address of the corporation: 1221 Brickell Avenue, Suite 1200, Miami FL 33131
3. Date of incorporation/qualification:March 15, 2000 Document number: _P00000026548
4. The name and address of the current registered agent and office:
CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Patricia Menendez Cambo SECRETARY (Printed or typed name and title)
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 registered agent. (Signature of Registered Agent)
If signing on behalf of an entity:
Maureen Cullen Asst. Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS