20533 Biscayne Blvd. Suite 203

AVENTURA DIRECTORY

Reach the right one.

Aventura, FL 33180

Phone: 305,933, 5884 Fax: 305-933-6840

www.aventuradirectory.net

Thursday, February 14, 2002

E00004949306--1 -02/18/02--01070--007 *****35.00 *****35.00

Division or Corporations Florida Department of State P.O. Box 6327 Tallahassee, Fl 32314

Re: Directory Publishers, Inc.

Document Number P01000007623

Dear Ladies and/or Gentlemen:

Enclosed is our change of Registered Agent for the above-named Florida corporation, together with our check in the amount of \$35.00.

Please file the same.

Thank you for your cooperation and expeditious handling of this matter.

Very truly yours,

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

-		17.0502, 607.1508, or 617.1508, Florida	Statutes,
submits the following	ng statement in order to change i	ws of the State of FLORIDA its registered office or registered agent, o Py PUBLISHERS INC.	r both, in
1. The name of the	Soxporation .	700000000000000000000000000000000000000	
2. The mailing addr	4	3 BISCAYNE BOULEVARD,	Su me 203
		17URA, FL 33180	
3. Date of incorpor	ation/qualification: <u>IANUARY</u>	19,201 Document number: Poioc	0007623
4. The name and ad	dress of the current registered age	ent and office:	DIVISE
	ILENE ASCHER	<u>.</u>	祖親
	9773 NW 4th &	STREET	818
	CORSC SPRINGS	5, FL 33071	Report of the second of the se
5. The name and ad	dress of the new registered agent (P. O. Box No	t (if changed) and/or registered office (if ch	nanged):
	DENNIS HOLD	BER	69 . ****
	20538 BIJCAYN	SE BOULEVARY SUITE 203	
	AUENTURA EC	•	
The street address of agent, as changed,	of its registered office and the str will be identical.	reet address of the business office of its re	egistered
Such change was a authorized by the b	uthorized by resolution duly ado oard	opted by its board of directors or by an off	icer so
Signature of an	officer, chairman or vice chairman of the b	board) Ø2/11/02	
DENNIS F	Johober PRES. DE	NT	
corporation, I here I further agree to c	by accept the appointment as regonally with the provisions of all t	ept service of process for the above stated gistered agent and agree to act in this cap statutes relative to the proper and compl and accept the obligation of my position a.	pacity. ete
(Signa	ture of Registered Agent)	02/11(02 (Date)	
If signing on behalf of	an entity:	. ,	
(Туре	d or Printed Name)	(Capacity)	
* * * FILING FEE: \$35.00 * * *			

CR2E045(9/00)