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COVER LETTER

Division of Corporations
SUBJECT: KINETIC PIXELS, INC (Name of corporation)
DOCUMENT NUMBER: P0/0000 67229
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:
M.M. WORKMAN (Name of contact person)
(Firm/Company)
7605 TAFT PLACE (Address)
(Address)
INDIAN TRAIL, NC 28079 (City/state and zip code)
For further information concerning this matter, please call:
H.M. WORKMAW at (704) 882-6258 (Area code & daytime telephone number)
(Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

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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

TO:

Amendment Section



October 24, 2005

H.M. WORKMAN 7605 TAFT PLACE INDIAN TRAIL, NC 28079

SUBJECT: KINETIC PIXELS, INC. Ref. Number: P01000067229

We have received your document for KINETIC PIXELS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 005A00064438

Irene Albritton Document Specialist



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 4, 2005

H.M. WORKMAN 7605 TAFT PLACE INDIAN TRAIL, NC 28079

SUBJECT: KINETIC PIXELS, INC. Ref. Number: P01000067229

We have received your document for KINETIC PIXELS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 205A00060208

Irene Albritton Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida.
1. The name of th	ne corporation: KINETIC PIXELS, INC.
	office address: 200 2nd Ave. So. #137
$\underline{}$ \mathcal{I}_{i}	Petersburg, FL 33701
3. The mailing ad	Idress (if different):
4. Date of incorpo	oration/qualification: 7-9-200/ Document number: 101000067229
	street address of the current registered agent and registered office on file with the
	H.M. WOEKMAN
	1826 RIVER WATCH Blud
	TARPON SPRING, FL 34689 3
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office H. WARKMAN 200 2nd AVE So. #137 (P.O. Box NOT acceptable)
	St. Petersburg, FL 3370/
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
F.M. Ubr	lene Secretary H.M. Workman - Secretary re of an officer or director) (Printed or typed name and title)
I hereby accept I further agree t of my duties, and document is beit corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been not fied in writing of this change.
- H- M.	Clockwor 10-13-2005 (Date)
	half of an entity:
	c Pixels, IUC.
(7)	yped or Printed Name)

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