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COVER LETTER

Division of Corporations
SUBJECT: N. A. N. M. INC . (Name of corporation)
DOCUMENT NUMBER: P 0/00010 6618
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:
(Name of contact person)
N.A.N.M. INC. (Firm/Company)
5500 MILITARY TRAIL-STE 22-187
Supiter. FLA 33458 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (561) 745.8729 (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.

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

		tered office or registe N , A . N		th, in the State of Florid	'a.
	the corporation:			INC.	A
/,	office address.	_ 5500 <u>1910</u>	CO CO	TRAIL - STE	22-18
	OITER, FO	50 m	<u>s /</u>		
3. The mailing i	address (if different):		// <u>/</u>		
4. Date of incor	poration/qualification	10/26/01	Document	number: PO1001	0106618
	d street address of the	current registered as	gent and register	ed office on file with the	:
•		es Moi	er15on	/	
	667	IW. IN	DIANTO	DWN RD.	AIC.
	STE	#56-288 TED FL	33408		95 F
					EB NET
The name and (if changed):	d street address of the	new registered agen	t (if changed) an	d /or registered office	21
	<u></u>	NDA K	ORRIS	oN)	PH :
,	D 5500	MILITAR	1 TRAIL	STE 22-187	3. 5.
					₩ <u>₩</u>
	JUPITE	FR, FL.	3345	<u> </u>	
The street addre	ess of its registered of be identical.	office and the street	address of the b	usiness office of its reg	istered agent,
				directors or by an offic of the change.	
1				2 MORRISON	
	ure of an officer of director)	_	(27	inted or typed name and title)	•
l hereby accept I further agree	the appointment as to comply with the p	registered agent and rovisions of all state and accept the obli	d agree to act in ites relative to t action of my no	this capacity. he proper and complete sition as registered age ce address, I hereby con l	eperformance
document is bei corp o ration has	ing filed merely to re been notified in wri	flect a change in the iting of this change.	registered offic	ce address, I hereby cor	ifirm that the
Lind	a Movie	sin		12/16/04	
(Sig	gnature of Registered Agent)		(Date)	
If signing on be	half of an entity:				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Sent 12/34/04