P01000117716

(Requestor's Name)						
CHANNEL COMPONENTS, INC.						
Suite 4 St. Patersburg, FL 33718						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300020517843

06/12/03--01052--002 **35,00



Ma 44 Ch

TRANSMITTAL LETTER

SUBJECT: Channel Components, Inc. (Name of corporation)	
DOCUMENT NUMBER: P01000117716	
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:	
Caanan Ames	
(Name of person)	
Channel Components, Inc.	i ja marana da sa
(Name of firm/company)	
7810 2nd Avenue South (Address)	. 23
(Address)	
St. Petersburg, FL 33710	ुः चर्वक
(City/state and zip code)	
For further information concerning this matter, please call:	
Caanan Ames at (727) 345-3144	. And .
(Name of person) (Area code & daytime telephone number)	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

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

Pursuant to the	e provisions of sections	607.0502, 617.0	0502, 607.1508, or 617	7.1508, Florida Statutes,	
	of change is submitted fo	r a corporation o	organized under the law	vs of the State of	
Florida	in order to chan	ge its registered	office or registered ag	ent, or both, in the State	
of Florida.				Fig. 4	
	the corporation: Chann				
2. The principal	l office address: 3545 T	yrone Blvd. North	Suite 4, St. Petersburg,	FL 33710 6 2 7	
		<u></u>		70, Q	
3 The mailing				97	
J. The maning	address (ii different)		<u>:</u>		
	<u> </u>	404004	<u> </u>	<u> </u>	
4. Date of incor	poration/qualification: _	12/12/01	Document numb	per: P01000117716	
	d street address of the cu artment of State:	arrent registered	agent and registered off	ice on file with the	
r toriua Depa	Peter M. Walsh, Esquir	e Peter M Walsh	& Associates		
				 .	
	696 First Avenue North	, Suite 304			
	St. Petersburg, FL 337	01-3610			
6. The name a	nd street address of the	new registered	agent (if changed) and	l /or registered office (if	
changed):	Caanan Ames				
	7810 2nd Avenue South				
	(P.O. Box or personal mailbox NOT acceptable)				
	St. Petersburg, FL 3371				
The street addragent, as chang	ess of its registered officed will be identical.	ce and the street	address of the business	s office of its registered	
Such change wanthorized by t	as authorized by resolut he board, or the corpora	tion duly adopted trion has been no	I by its board of directo tified in writing of the	ors or by an officer so change.	
			ristopher Lowder, Vice F		
	r, chairman or vice chairman of the t the appointment as reg		(Printed or typed name and agree to act in this co	· ·	
I further agree performance oj registered agei	to comply with the prov f my duties, and I am far nt. Or, if this document I hereby confirm that th	visions of all stat miliar with and o is being filed me	utes relative to the pro accept the obligation of erely to reflect a chang	per and complete f my position as e in the registered	
(-	and la	_	June 9, 2003		
	Signature of Registered Agent)	-	(Date)		
If signing on beha	ii oi an enury:				
(Typed or Printed Name)	 * : ' 	(Capacity)		

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