

MAR-16-05

16:04

FROM AKERMAN SENTERFITT 16E.

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PD2000028908

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : AKERMAN SENTERFITT & RIDSON
Account Number : 076656002425
Phone : (407) 843-7860
Fax Number : (407) 843-6610

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ALLAHASSEE, FLORIDA
DIVISION OF STATE

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REGISTERED AGENT CHANGE

REUNION EVENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Reunion Events, Inc.
2. The principal office address: 58 Sixth Street NE, Suite 2108
Atlanta, Georgia 30308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/15/02 Document number: P02000028908
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Suzan A. Abramson111 N. Orange Avenue, Suite 1400Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John L. Chisholm, Jr.210 East Garden Street

(P.O. Box NOT acceptable)

Pensacola, Florida 32591-1272

TALLAHASSEE, FLORIDA

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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 or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

John L. Chisholm, President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

March 4, 2005

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE H05000065973 3
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314