

P02000039602

Zeal Television USA, Inc
420 Lincoln Road, Suite 500.
Miami Beach, FL 33139

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

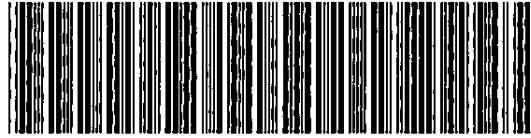
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
07 JUN 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

C. Goulette JUN 15 2007

**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: ZEAL TELEVISION USA INC.
2. The principal office address: SUITE 500
420 LINCOLN ROAD, MIAMI BEACH FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/11/2002 Document number: P02000039602
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MITCHELL S. GLASSER

420 LINCOLN RD, STE 500

MIAMI BEACH, FL 33139

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

JENS PETER CHRISTIANSEN

SUITE 500, 420 LINCOLN ROAD

(P.O. Box NOT acceptable)

MIAMI BEACH FL 33139

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)

JENS PETER CHRISTIANSEN
(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)

5/30/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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

CR2E045 (8/05)

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