

P03D000014106

(Requestor's Name)

Dr JULIE Ann Stuber

(Name of Contact Person)

Event Singles, Inc

(Firm/ Company)

43 Blake Blvd

(Address)

Celebration, FL 34747

(City/ State/ and Zip Code)

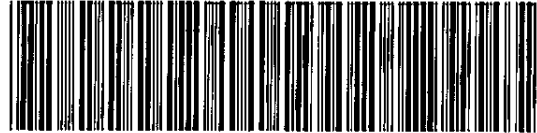
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300043664123

01/19/05--01011--008 **35.00

SECRET
TALLAHASSEE, FLORIDA

05 JAN 14 PM 1:05

FILED

RA LRO

Chs.

1/19/05

**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: Erent Singles, Inc
2. The principal office address: 43 Blake Blvd
Celebration, FL 34747
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3.03 Document number: PO3000014106

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Dr. JULIE Ann Stuber
4435 13th Street
St. Cloud, FL 34769

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

Dr. JULIE Ann Stuber
43 Blake Blvd
(P.O. Box NOT acceptable)
Celebration, FL 34747

FILED
05 JAN 14 PM 1:05
TALLAHASSEE, FLORIDA
STATE


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 of an officer or director)

Dr. JULIE Ann Stuber
(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 of Registered Agent)

1.8.05
(Date)

If signing on behalf of an entity:

Dr. JULIE Ann Stuber
(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