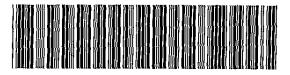
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SLUKETARY OF STATE
ALLAHASSEE, FLORING



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 23, 2003

STUDIO FITNESS 11018 ST. AUGUSTINE RD. STE. #133 JACKSONVILLE, FL 32257

SUBJECT: STUDIO FITNESS, INC.

Ref. Number: P03000084528

We have received your document for STUDIO FITNESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 203A00052425

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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of FORDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: STUDIO FITNESS, INC. 1b. The mailing address of the corporation is: PO BOX 24668 lacksonville ic. Date of incorporation: The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) 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. G. M. VANCE Notary Public, State of Florida My comm. exp. May 15, 2007 (Printed or typed name and title) Comm. No. DD 213381 Having been named as registered agent and to accept service of process for the above stated corporation, Thereby accept the appointment as registered agent and agree to actin 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. (Signature of Redistered Agent) If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Capacity)