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TRANSMITTAL LETTER

TO: Amendment Division of O	Section Corporations		
SUBJECT: Z-T.\	/., Inc.		
Bebaber		of corporation)	
DOCUMENT NUM	IBER: P04000028395		
The enclosed Statem	ent of Change of Registered Office	:/Agent and fee are	submitted for filing.
Please return all corr	espondence concerning this matter	to the following:	
		. Durante, Esq.	
_	(Name	of person)	
	Isicoff, Ragatz	& Koenigsberg, P.	A
	(Name of	firm/company)	
	1101 Brickell Avenu	e, Suite 800 - Sou ddress)	th Tower
	(2.1	(daress)	
		Florida 33131	
	(City/state	e and zip code)	
For further informati	on concerning this matter, please co	all:	
Louise P. Durante,	Esq. (Name of person)	at (<u>30</u>	5) 373-3232 rea code & daytime telephone number)
Enclosed is a \$35.00	check made payable to the Departs	ment of State.	
Amendn Division P.O. Box	Address: nent Section of Corporations 6 6327 see, FL 32314		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 provisions of sections 607.0502, 617.0502, 607.1508, or 617.12 change is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of Floric	Florida	s, this state	ment of _ in order	
The name of the corporation: Z-T.V., INC.				
2. The principal office address: 6173 N.W. 53rd Circle, Coral Springs, Florid	a 33067			
3. The mailing address (if different): [Same]				
4. Date of incorporation/qualification: February 11, 2004 Document number	ber: P0400002839	15		
The name and street address of the current registered agent and registered of Florida Department of State:	fice on file with the			
David Valdes				
1671 S.W. 32nd Court	:	احتف		
Miami, Florida 33145		O4 APR	eservice E E	
6. The name and street address of the new registered agent (if changed) and /or (if changed):	I street address of the new registered agent (if changed) and /or registered office			
Mike Schweiger	: 	E.F.S.		
6173 N.W. 53rd Circle		SE 51		
(P.O. Box or personal mailbox NOT acceptable)		Ď, l		
Coral Springs, Florida 33067				
The street address of its registered office and the street address of the busine changed will be identical.	ess office of its regi	istered ager	nt, as	
Such change was authorized by resolution duly adopted by its board of directive board of the board of the change.				
Mike Schr	weiger, Director	ind title)		
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the paduties, and I am familiar with and accept the obligation of my position as rebeing filed merely to reflect a change in the registered office address, I herebeen nonfield in writing of this change.	r capacity. roper and complete egistered agent. O eby confirm that the	e performa r, if this do e corporati	nce of my cument is on has	
March 9,				
(Signature of Refresered Agent)	(Date)			
If signing on behalf of an entity:				
N/A (Typed or Printed Name)	(Canacity)			

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