

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FAXED

REGISTERED AGENT CHANGE

GAME CONTINUUM, INC

Certificate of Status	0
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Page Count	01
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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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GAME CONTINUUM, INC
2. The mailing address of the corporation: 1111 BRICKELL BAY DR, #502
MIAMI, FL 33131
3. Date of incorporation/qualification: 6/17/04 Document number: PC44000092991
4. The name and address of the current registered agent and office:
DAVID DOEBLER
1111 BRICKELL BAY DR, #502
MIAMI, FL 33131
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
SADIB KHAN
6880 DYKES RD
DAVIE, FL 33331

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.

X [Signature] 11/29/04
(Signature of an officer, chairman, or vice chairman of the board) (Date)
DAVID DOEBLER, PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature] 11/29/04
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
[Signature] N/A
(Typed or Printed Name) (Capacity)

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

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Division of Corporations

P.O. Box 6327

TALLAHASSEE, FL 32314

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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