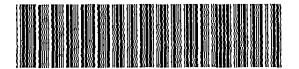
POS000007085

(Requestor's Name)	_
(Address)	_
(Address)	-
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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OS DEC 16 PM 3: 23
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: NEW SONY MARKETING Inc. (Name of Corporation)				
DOCUMENT NUMBER: POSO0007085				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Contact Person)				
(17anto di Contace i Gioon)				
New South MARKETING Inc.				
(Гит/Сотралу)				
7008 HAZELUGOD COUT (Address)				
TAMPA FC. 33615 (City/State and Zip Code)				
For further information concerning this matter, please call:				
VINCENT A MONACO at (813) 843-4824 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>Flovida</u> , rocknange its registered office or registered agent, or both, in the State of Florida.	<u>}_</u>
1. The name of th	he corporation: New Soury MARKETING, Inc.	
2. The principal o	office address: 7008 HAZELWOOD Court	
	TAMPA FZ. 33615	
3. The mailing ac	ddress (if different): P.D. Boy 262286	
	TAMPA, FZ 33685	
4. Date of incorp	poration/qualification: 1/13/05 Document number: Pos 00000 7	1085
	street address of the current registered agent and registered office on file with the tment of State:	
,	DEBOVAN & SKIPPER/COPPORATION SErvi	ces Compona
	2711 Cerronille road Sute 400	
	DEBOVAN D SKIPPER/CORPORATION SErvi 2711 Centerville road Sute 400 Wilmington DE: 19808	
6. The name and (if changed):	Street address of the new registered agent (if changed) and for registered office VINLENT A. MONACO TOOR HAZELLOOD COUNT (P.O. Box NOT succeptable)	05 DEC ***********************************
	VIHLENT A. MONACO	5 F
	7008 HAZELLOOD COURT (P.O. Box NOT succeptable) TAMPA, PL. 33615	₹ <u>M</u>
	(P.O. Box NOT succeptable)	ý ••
	1 AmpA, 12. 33615	23
The street address changed will	ess of its registered office and the street address of the business office of its registered a be identical.	igent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so are board, or the corporation has been notified in writing of the change.	
1/100m	WO-Moraco VINCENT A- MonAc	<u> 2</u> 8
I hereby accept I further agree to of my duies, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete perform at I am familiar with and accept the obligation of my position as registered agent. Or, ng filed merely to reflect a change in the registered office address, I hereby confirm this been notified in writing of this change.	mance if this ut the
Minage	unature of Registered Agent) (Date)	
	chalf of an entity:	
YINCENT	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, PL 32314 CR2E045 (8/05)