## P05000063/02

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Wide Awale Productions, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 0500063102
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:
Kristin Warner
(Name of Contact Person)
Wile Awale Productions, Inc.
433 Plaza Real Suite 275
(Address)
Boten Raton, FZ 3343> (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (56), 865-0556 (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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Wide Awake Productions, Inc.
2. The principal office address: 433 Plaza Real Suite 275
Boca Rabn, FC 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/28/05 Document number: POS 000 63/02
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Kristin Puetz
13830 Oheida Dr F2
Delray Beach, FZ 3346 _
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Voick's Warred To 3 m
_ 433 Plaza Reul, 34, taby \$5
Bola Raton, 12 35437
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.
additionized by the board, of the corporation has been housed in whiting of the bring of
Grantitre of an officer or director)  (Printed or typed name and little)
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)  (Date)
If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

(Typed or Printed Name)