P06000016911

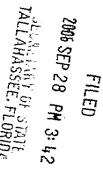
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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P.A. Change

C. Coulligite SEP 2 8 2006

COVER LETTER

10:	Amenament Section Division of Corporations	
SUBJI	ECT: ALL TW CORPORATION (Name of C	Corporation)
DOCU	MENT NUMBER: <u>P06000016911</u>	
The en	closed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matte	r to the following:
		•
	ALFREDO TAMAYO	entact Person)
	(Name of Co	matt i cisony
	MSI BARNES & ASSOCI	ATES, P.A. ompany)
	2929 E. COMMERCIAL E	MLVD. #409 iress)
	FT.LAUDERDALE, FL. 3 (City/State a	33308
	(City/State a	and Zip Code)
For fu	rther information concerning this matter, please	call:
	ALFREDO TAMAYO (Name of Contact Person)	at (954) 491-1950 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Depar	rtment 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

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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, this statement of change is submitted for a corporation organized under the laws of the State of FLORTUA in order to change its registered office or registered agent, or both, in the State of Florida.
i. The name of the corporation: ALL TV CORPORATION
2. The principal office address: 1221 BRICKELL AVENUE STE 900
MIAMI, FL 33131
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 2/3/06 Document number: p06000016911
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
RENEE TORRES
8890 CORAL WAY, SUITE 219
AH SE
MTAMI, FL. 33165 6 The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ALFREDO TAMAYO
MST BARNES & ASSOCIATES P. A. (P.O. Box NOT acceptable)
2929 E.COMMERCIAL BLVD. #409 FT. LAUDERDALE
FL 33308 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.
(Signature of an officer or director) ISIS Zacarias - Treasurer (Finited or typed name and title)
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 duttes, 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.
9/15/06
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * PH ING PEF - \$34.98 * * *

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