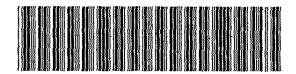
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-
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Amendment Section Division of Corporations	and the second	4.
SUBJE	ECT: BYD 8 ENTER TAIN MENT INC. (Name of Corporation)	. .	ŝi.
DOCU	UMENT NUMBER: PO 6 0000 43050		
The end	nclosed Statement of Change of Registered Office/Agent and fee	are submitted for filing.	
Please r	return all correspondence concerning this matter to the following	g:	
	John March March (Name of Contact Person)		****
	(Firm/Company)		
	5016 GUNN HWY (Address)	- · · · · · · · · · · · · · · · · · · ·	
	TAMPA FL 33624 (City/State and Zip Code)		
For furt	rther information concerning this matter, please call:		
	(Name of Contact Person) at (S/S) (Area Cooted is a \$35.00 check made payable to the Department of State.	7) 9 Lo - / 337 Je & Daytime Telephone Numbe	<u>r)</u>
20000	to a position officer, made payable to the Department of Gate.		

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 FLORISH in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: BYOB ENTERTAINMENT INC			
2. The principal office address: 14 975 N. NEBRASKA 17VE			
TAMPA FL 33LIQ			
3. The mailing address (if different): 1635 BROOKSBEND DRIVE TAMM FL 33543			
4. Date of incorporation/qualification: 3-24-04 Document number: Po600043050			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
Steve MARROUM For &			
5016 GUNN HIGHWAY			
1An. 14 FL 33C24			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
2513 GREEN MIDOT PL (P.O. Box NOT acceptable)			
1Amps FL 33618			
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) - Jest Cary 5 4 000 ng			
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.			
3-04-01 (Signature of Registered Agent) (Date)			
If signing on behalf of an entity:			
Teffrey 5 Young (Typed or Printed Newhe)			
* * * 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)