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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

RA. Charge

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COVER LETTER

то:	Amendment Section Division of Corporations				
SUBJ	JECT: Star Boxing Productions Inc				
	(Name of Corpor	ration)			
DOC	UMENT NUMBER: P06000079319				
The er	enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.			
Please	e return all correspondence concerning this matter to the	ne following:			
	Brad Jac	cohs			
(Name of Contact Person)					
	Chan Daving Deady	ationa las			
Star Boxing Productions, Inc (Firm/Company)					
	15715 S Dixie Hwy	v. Suite 421			
	(Address)				
Miami FL 33157-1885					
	(City/State and Zip Code)				
For fu	urther information concerning this matter, please call:				
	Joe DeGuardia at	(718) 823-2000 (Area Code & Daytime Telephone Number)			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclos	osed is a \$35.00 check made payable to the Department	of State.			
	Mailing Address:	Street Address:			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
	<u>.</u>	Tallahassee, FL 32301			

TO:

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statute. nized under the laws of the State of $_$ Floric tered agent, or both, in the State of Florida.	ia				
1. The name of the	he corporation: Star Boxing Product	ions, Inc					
	2. The principal office address: 15715 S Dixie Hwy. Suite 421 Miami FL 33157-1885						
3. The mailing ac	ddress (if different):						
4. Date of incorp	oration/qualification: 6/9/06	Document number: P060000793	319		_		
5. The name and Florida Depart	-	agent and registered office on file with the					
	The Company Corpora	tion					
	1201 Hays Street		SEC TALL	07			
	Tallahassee, FL 32301		RETAI	JUN 29			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Brad Jacobs		ent (if changed) and /or registered office	ETARY OF STATE HASSEE.FLORID	9 PM 2: 4!	; ;		
	15715 S Dixie Hwy. S (P.O. Box NOT acceptable Miami, FL 33157		E DA	9			
The street addre	ss of its registered office and the street be identical.	t address of the business office of its regis	stered age	ent,			
Signatu	the appointment as registered agent at a comply with the provisions of all stad I am familiar with and accept the obig filed merely to reflect a change in the been notified in writing of this change in the complete of the change in the change of the change in the change of the change in the chan	Toseph DeGuardie (Printed or typed name and title) and agree to act in this capacity. tutes relative to the proper and complete ligation of my position as registered agenthe registered office address, I hereby conjugate.	<u>a</u>	ince this the			
	yped or Printed Name)						

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