Division of Corporations Electronic Filing Cover Sheet

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(((H120001662483)))



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Division of Corporations

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Phone

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## REGISTERED AGENT CHANGE SELIG MULTIMEDIA, INC.

0
0
02
\$35.90

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/22/2012 13:32 104-22-2012 i

## H120001462483

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registe	ized under the laws of the State of Florida
1. The name of the corporation: Selig Multimedia, Inc.	••
	ampa, Florida 33612
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7/31/2007	Document number: P07000086737
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	
Business Filings Incorporated, 515 E. Park	
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office
Glenn Selig	22 **
1404 W Fletcher Ave, Tampa, Florida P.O. Box NO	133612 Turnelle
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by me board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.
Signature of an outrider or surector	Glenn Selig, President
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familian with and accept the ob- document is being filed merelly to reflect a change in the corporation has been notified in whiting of this change	nd agree to act in this capacity.  tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this ne registered office address, I hereby confirm that the
Signature of Registered Agent	6(15/12- batt
If signing on behalf of an entity:  Typed or Printed Name	

\* \* \* FILING FEE: \$35.90 \* \* \*

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

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