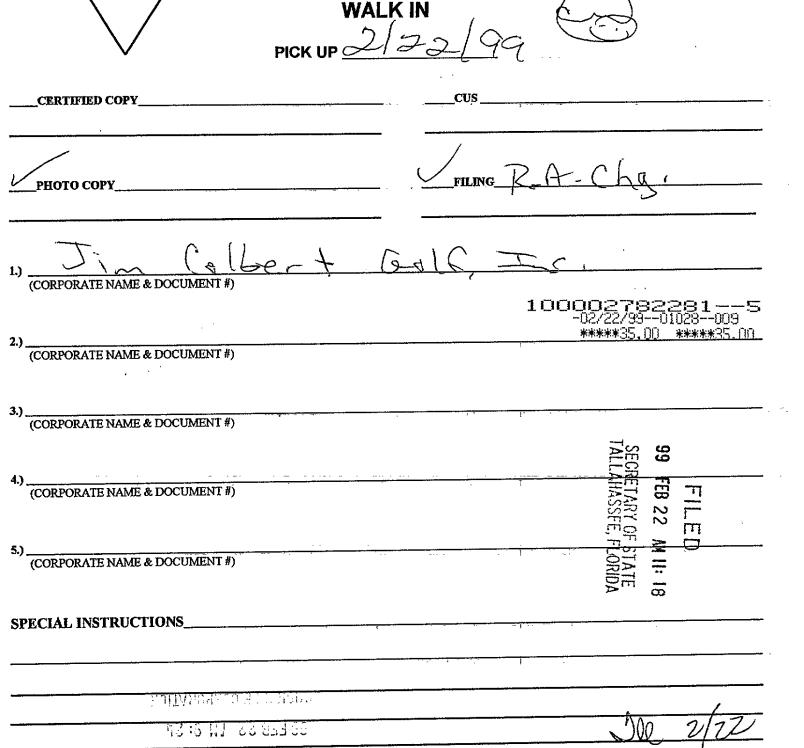
CORPORATE ACCESS,

236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666



Florida Department of State, Sandra B. Mortham, Secretary of State

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,	the
undersigned corporation organized under the laws of the State of NEVADA	+1-0
submits the following statement in order to change its registered office or registered agent, or both, in State of Florida.	ue
1. The name of the corporation is:	
1. The name of the corporation is. O'TM CAMBRAT CAMP, LINE	
2. The mailing address of the corporation is: 2951 28TH ST, SANTA MONICA, CA 90405	
3. Date of incorporation/qualification: 7/18/89 Document number: P25338	
4. The name and address of the current registered agent and office:	
NATIONSCORP REGISTERED AGENTS, INC.	
526 E. PARK AVENUE	7
TALLAHASSEE, FL 32301	7
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	ء ز
PARACORP INCORPORATED	=
236 EAST 6TH AVENUE	18
TALLAHASSEE, FL 32303	,
The street address of its registered office and the street address of the business office of its registere agent, as changed, will be identical.	d
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
Theodor 10/16/98	
Signature of an officer, chairman of vice (mairman of the board)	
THEODORE F. KAHAN - SECRETARY 10/16/98 (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	,
(Signature of Registered Agent) (Date)	
(Signature of Registered Agent) (Date) DENISE ZOLLNER, ASSISTANT SECRETARY If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
CR2F045(4/95) FILING FEE: \$35.00	

CR2E045(4/95)