293000030322 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Photocopy Mail out Will wait Certificate of Status NEW FILINGS AMENDMENTS 900002055809--5 -01/13/97--01067--008 *****35.00 *****35.00 Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Conaracty Linda Trademark Other Examiner's Initials CR2E031(1/95)

Florida Department of State, Jim Smith, 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	
FLORIDA submits the following state	tement in order to change its registered/ginct(
or registered agent, or both, in the State of	
1a. The name of the corporation is: 6	LORAL TELHNURGIES "ASK "
	5, 710AD
1b. Date of incorporation APRIL 2	6, 1993 Document number P9300030322
2. The name and address of the current PATRICIA PRIGAL	
20894 ESCUSO DR,	BOCA RATON FL 3343
3. The name and address of the new reg (P.O. Box Not Acceptable) CILBERT ROSENPRIEN	Istered agent and office:
1640 N. POWELHNE RI	POMPAONO BEACH, FEB33669
of its registered agent as changed will be	t and the street address of the busings office identical. on duly adopted by its board of directors or by Guegar Rosenbuck, Vicence, Diactice Typed or printed name and title
SIGNATURE	Typed or printed name and title
· UAIE	
PROCESS FOR THE ABOVE STATED OF THIS CERTIFICATE, I HEREBY ACCURAGENT AND AGREE TO ACT IN THIS CONTINUES OF ALL STATES.	ED AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED EPT THE APPOINTMENT AS REGISTERED CAPACITY. I FURTHER AGREE TO COMPLY LITES RELATIVE TO THE PROPER AND COMPS, AND I AM FAMILIAR WITH AND ACCEPT S REGISTERED AGENT.
	GNATURE
31	(Registered Agent)
D.	ATE
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314
CR2E045 (7-91)	FILING FEE: \$35.00

CR2E045 (7-91)