2005 FOR PROFIT CORPORATION

FILED Apr 26, 2005 8:00 am Secretary of State

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BRODGE Place of Business Mailroy Address 2891 GRY OWS BIVD 18P ORT OWS BIVD 18P	DOCUMENT # P93000060719 1. Entity Name MARC RUTENBERG DESIGN, INC.					04-26-2005 90167 045 ***150.00					
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SIGNATURE B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with a	42.1-	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	gent		
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hazed or princip hame of registered agent and life if applicable. (NOTE Registered Agent signature required when reintating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Addition Assaurce Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the substance agent agent agent agent agent agent agent. Or both in the State of Florida. I am familiar with, and accept the substance agent a											
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; Indiner certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: