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Division of Corporations

Fax Number : (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

FLORIDA PLAYBILL, INC.

Certificate of Status	0
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12/29/2008

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TLORIDA PLAYBILL, INC.
2. The principal office address: 16505 N.U. 13TH AVE., MIAMI, FL 33169
3. The mailing address (if different): 37-15 6(st St. Woodside, NY 1137-
4. Date of incorporation/qualification: 1/23/95 Document number: P9500010297
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Edward D. Popkin
3499 61ades Road, Suite /14 李 富
Boca Raton, Fl 33431 经 员
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable) Plantation, Plorida 33324
The state of the s
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Cole LEWIS C. Cole - ASSIST. SECR. (Signature of an onliner of director) (Preside or typed name and trille)
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 duliss, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: 17 Writed Assistant Secretary 12 29 08
(Signature of Regimered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

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

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