000013528

ACCOUNT NO. 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: April 15, 1998

ORDER TIME: 10:08 AM

ORDER NO. : 782772

CUSTOMER NO: 4325640

CUSTOMER: Ms. Miriam Karlin

International Data Group

5 Speen Street

Framingham, MA 01701

CHANGE OF AGENT

NAME: IDG LATIN AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

1000002490511

4/160

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

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

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 statement in order to change its registered office or registered agent, or both, in the
Guy of Florida
1. The name of the corporation is: IDG Latin America, Inc.
2. The mailing address of the corporation is: 5 Speen Street
Framingham, MA 01701
3. Date of incorporation/qualification: 2/16/95 Document number: P95000613528
4. The name and address of the current registered agent and office:
Santiago Villazon 5757 Blue Lagoon Drive, Suite 230 ARR 5757 Blue Lagoon Drive, Suite 230
5757 Blue Lagoon Drive, Suite 230
Miani, FL 33126
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
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.
authorized by the loost d.
(Date)
- Miriam R. Karlin Secy Clerk 4/14/98 (Printed or typed name and title) (Date)
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 Lam familiar with and accept the obligation of my position as
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Suranne T. (Ryth HSST. U.F.
(Typed or Printed Name) (Capacity)

CR2E045(3/96)