## P9600023258

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## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 26, 1997

MAS-VAL, INC. PO BOX 521762 MIAMI, FL 33152-1762

SUBJECT: MAS-VAL, INC. Ref. Number: P96000023258

We are returning your check for \$35.00 to be replaced by one in the correct amount of \$35.00.

Your check is being returned as it is not payable to this office. Please make your check payable to the Secretary of State and return it in order to complete your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 097A00015291

97 APR -4 FILI2: 54 DIVISION OF CORPORATIONS Florida Department of State, Sandra B. Mortham, Secretary of State

## STARÉMENT 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 State of Florida. 1a. The name of the corporation is: MAS-VAL TVC 1c. Date of incorporation: MANCH IS 1996 Document number: 49 60000 23 258 The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) CORAL 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. DULCE PEREZ CORTINA PRESIDENT 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 actin 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. (Printed or typed name and title) (Signature of Registered Agent) If signing on behalf of an entity: Megistened Agent AVILLA PENEZ-ASAEN

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Adventure Sound Studios, Inc.

7451 NW 16 Street Ste. 406 Plantation, FL 33313



Division of New Filings P.O. Box 6327 Tallahasse, FL 32314

RE: Adventure Sound Studios, Inc.

EIN 65-0651002

Dear Sir or Madam:

Adventure Sound Studios, Inc. new address is as follows:

7451 NW 16 Street Ste. 406 Plantation, FL 33313

Should you have any question regarding this matter, you may contact me at (305) 828-4327 at your convenience.

Thank you,

And

Y5-11/1