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COOPER, BYRNE, BLUE & SCHWARTZ, PLLC

ATTORNEYS AND COUNSELORS

D. ANDREW BYRNE †
CHARLES L. COOPER, JR. ††**
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3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FLORIDA 32309 (850) 553-4300 FAX: 553-9170 115 WEST BAY STREET PERRY, FLORIDA 32347 (850) 584-3111 FAX: 584-8593 JOHN K. BYRNE * (1930-1994)

WEBSITE: http://www.cooperbyrne.com

† Also Admitted in Tennessee †† Also Admitted in Georgia * Admitted in Tennessee Only ** Board Certified in Tax Law

REPLY TO TALLAHASSEE

August 30, 2004

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

Re:

Cooper & Byrne, P.A. Yella Dog Publishing, LLC

Dear Sir or Madam:

L98-1249

Enclosed are a Statement of Change of Registered Office for the above-referenced entities and our firm's check payable to Florida Department of State in the amount of \$70.00 for the filing fees.

Let me know if you have any questions.

Sincerely,

Pamela B. Mueller

Paralegal to Charles L. Cooper, Jr.

Promuelle

Enclosures

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 organization 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.

Ι.	The name of the corporation: <u>Cooper & Byrne, P.A.</u>				
2.	The principal office address: 3520 Thomasville Road, Suite 200, Tallahassee, Florida 32309				
3.	The mailing address (if				
4.	Date of incorporation (q	ualification):	October 3, 1996	Document No. P96	6000081807
5.	The name and address of the current registered agent and registered office on file with the Florida				
	Department of State:				
		Charles L. Co			2
		1358 Thomas		<u> </u>	
	Tallahassee, Florida 32308			\{	
6.	The name and street ad	dress of the n	ew registered agent (i	f changed) and/or registe	red office (if
	changed: (P.O. Box Not Acceptable)				15. 12.
	•	Charles L. Co	oper, Jr.	_	M. 2
			ville Road, Suite 200		
			Florida 32309		
chan	reet address of its registered ged, will be identical. change was authorized by r			_	•
	e board, or the corporation	has been notif	ied in writing of the ch	ange	
-	(Signature of an officer, ch	airman or vice cl	airman of the board)	(Dat	15 -04 te)
	(Signature of an officer, ch	les Li C	boper, Tr.	_	,
	(Printed or typed	name and title)			
	(Finited of types	manie and mie)			
heret	ng been named as registere ly accept the appointment a	s registered ag	ent and agree to act in	this capacity. I further ag	ree to comply
with	the provisions of all statute	es relative to t	he proper and complet	e performance of my dut	ies, and I am
famil	iar with and accept the obli	gation of my p	osition as registered ag	gent. Or if this document	is being filed
mere	ly to reflect a change in the	registered of	fice address, I hereby a	confirm that the corporal	tion has been
notifi	ed ih writing of this quange	4 N		•	
			4	8-27-04	r
	(Signature of Registered A	gent)	 	(Date)	
If sig	ning on behalf of an entity:	<u> </u>			
_	(Typed or Printed Name)			(Company)	_

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314