5262 SAPPHIRE VAC BOSA RATION, PL 33486 PAID INC Office Use Only MENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Mail out Photocopy Certificate of Status Will wait 300002948143--6 -08/02/99--01151--010 AMENDMENTS NEW FILINGS *****35.00 *****35.00 Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger **REGISTRATION/** OTHER FILINGS **QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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,
the State of Florida.
1. The name of the corporation is: PISTIL'S -ADVERTISING ! INVESTMENTS
DIVERSIFIED, INC
2. The mailing address of the corporation is: 5262 SAPPHIRE VALLEY
BOGA RATON FL 33486
3. Date of incorporation/qualification: 01/27/97 Document number: 997000091001
4. The name and address of the current registered agent and office:
JEFFREY PUSTILINIA
724 ST. ALBANS DR.
BOCA RATION FL 33486
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
JEFFREY PUSTILNIK
5262 SAPPHIRE VALLEY
BOLA RATION FL 33486
The street address of its registered office and the street address of the business office of its registere 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. (Signature of ar officer, chairman or vice chairman of the board) (Date)
JEFFREY PUSTICALE PRESIDENT (Printed or typed name and title)
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 I am familiar with and accept the obligation of my position as registered agent.
Signature of Registered Agent) 7 27 99 (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CP2E045(7/97)

P.O. Box 6327

DIVISION OF CORPORATIONS

_ TALLAHASSEE, FL 32314