P97000034251

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
	ļ					
	_					

Office Use Only



100186744561

10/21/10--01006--010 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MASS MEDIA ENTER PLISET CARP. Name of Corporation
DOCUMENT NUMBER: P 97 0000 34251
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
W. TUCKER GIBBS
N. TVCKER GIBBS Name of Contact Person
W. TUCKER G1885, P.A Firm/Company
2980 Mc FARLANE RAMP, SUITE 205 Address
COCONUT GRAL, FLORIDA 33:33 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
W. TVCKLIR CIBBS at (305) 448-5486 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

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

statement of char	nge is submitted	tions 607.0502, 617.05 for a corporation orgo egistered office or regis	anized under the law	vs of the State of <u>120</u>	MOA
	C		-	•	а.
	-	MASS MEDIA		CORP	
2. The principal	office address:	3112 Commodale	E PLAZA		
		COCONUS GRAVE,	FLORIDA 3313	3	
3. The mailing ac	ddress (if differe	nt):			
4. Date of incorp	oration/qualifica	ation: <u>4-16-1997</u>	Document n	umber: <u> <i>P</i>97</u> 0000	34251
		f the current registered If resigned, enter resign	-	d office on file with the	•
	E.V. 4	ARPENTER			
	1660 5	S. BANITME CON	N #402		
	manı,	, FLOGIDA 33/33			<u> </u>
6. The name and (if changed):	street address of	f the new registered ag	ent (if changed) and	l/or registered office	21 M
	W. TUZ	KER GIBBI			
		980 McFARLANE P.O. Box N	Ruad Suine 2	205	
	COCONI	OT GRNE FOR	OA 33,33		
The street addre	ss of its register be identical.	ed office and the stree	et address of the bu	siness office of its reg	sistered agent,
Such change wa authorized by th	s authorized by se board, or the	resolution duly adopt corporation has been i	ted by its board of one	directors or by an office of the change.	cer so
W Signatur	e of an officer or direct	tr, Pres	E)en	a V. Carp.	enter.
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment o comply with the d I am familiar ng filed merely to been notified in	t as registered agent of he provisions of all st with and accept the o to reflect a change in n writing of this chang	and agree to act in atutes relative to th bligation of my pos the registered offic ge.	this capacity, e proper and complet ition as registered ag e address, I hereby co	e performance ent. Or, if this nfirm that the
W. Ducker	nature of Registered A	Agent		/ O Date	
If signing on be	half of an entity	:			
Ту	ped or Printed Name				

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