P97000051209

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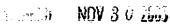
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SECRETARY OF STATE
TALLAHASSEE FLORINA





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MIAMI FILM CONNECTION, INC. (Name of Corporation)
DOCUMENT NUMBER: P97000051209
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:
Carlos D. Lopez / Magaly Incera (Name of Contact Person)
Miami Film Connection, Inc. (Firm/Company)
6925 N.W. 51st. Street (Address)
Miami, FL. 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
Magaly Incera / Carlos D. Lopez at (305) 406-3335 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Miami Film Connection, Inc.					
New ->	2. The principal office address: 6925 N.W. 51st. Street, Miami, FL. 33166					
	3. The mailing address (if different): P.O. Box 557974 Miami, FL. 33255-7974					
	4. Date of incorporation/qualification: June, 1997 Document number: P97000051209					
	5. The name and street address of the current registered agent and registered office on file with Florida Department of State:	the				
	Carlos D. Lopez		. –			
	15020 S.W. 48 Terrace			_		
	Miami, FL. 33185					
	5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	TALEARE	级			
	Carlos D. Lopez	TARY	W 28			
	6925 N.W. 51st. Street	OF S	⊋			
	(P.O. Box NOT acceptable) Miami, FL. 33166	TATE ORIDA	3: 2 <u>]</u>			
	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, or the corporation has been notified in writing of the change.					
	Carlos D. Lopez-PSD / Magaly Incera -VPT					
	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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	lete perj agent. (confirm	forma Or, if i that i	nce this the		
	(Signature of Registered Agent) (Date)	<u> </u>		<u>.</u> . '		
	If signing on behalf of an entity:	-				
	CARLOS D. LOPEZ					
	(Typed or Printed Name)					

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

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