

P97000098605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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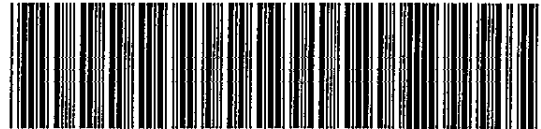
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRIAD PROFESSIONAL SERVICES, LLC

The Forum
3290 Northside Parkway, Suite 400
Atlanta, Georgia 30327

T 678.553.2300
F 678.553.2301

www.triadpros.com

May 6, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

**RE: Statement of Change of Registered Agent of
Ceebraid-Signal NHLPGP, Inc.; Buckhead CS Corporation and CSC-GP, Inc.**

Dear Sir/Madam:

Enclosed for filing with the Department of State are Statements of Change of Registered Agent for Ceebraid-Signal NHLPGP, Inc., Buckhead CS Corporation and CSC-GP, Inc., together with our check in the amount of \$105.00 in payment of the filing fees.

Please return date-stamped copies of the enclosed forms to my attention. I have enclosed duplicate copies, as well as a self-addressed, stamped envelope for your convenience in doing so.

If you have any questions, please contact the undersigned.

Sincerely yours,

Sharon M. Knox
Client Services Specialist

Enclosure

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CEEBRAID-SIGNAL NHLPGP, INC.

(Name of corporation)

DOCUMENT NUMBER: P97000098605

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:

Sharon M. Knox

(Name of person)

Triad Professional Services, LLC

(Name of firm/company)

3290 Northside Parkway, Suite 400

(Address)

Atlanta, Georgia 30327

(City/state and zip code)

For further information concerning this matter, please call:

Sharon Knox

(Name of person)

at (

678

) 553-2300

(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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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: Ceebraid-Signal NHLPGP, Inc.
2. The principal office address: 250 Australian Avenue South, Suite 103, West Palm Beach, FL 33401

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/19/1997 Document number: P97000098605

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David M. Layman

777 South Flagler Drive, Suite 310E

West Palm Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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 or the board of the corporation has been notified in writing of the change.

✓ [Signature]
(Signature of an officer, chairman or vice chairman of the board)

× Sharon M. Knox
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

5/6/03
(Date)

If signing on behalf of an entity:

By: Sharon M. Knox
(Typed or Printed Name)

Assistant Secretary
(Capacity)

NRAI Services, Inc.

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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