

P98000069267

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

RECEIVED

02 FEB -7 AM 9:22

DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

HANG LOOSE PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RA Change

02/07/02

DC

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 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, in the State of Florida.

1. The name of the corporation : Hang Loose Productions, Inc.
2. The mailing address of the corporation : 1000 Island Blvd., Suite 2507,
Aventura, FL 33160
3. Date of incorporation/qualification: August 10, 1998 Document number: 98000069267
4. The name and address of the current registered agent and office:
David Nepo
1000 Island Blvd., Suite #2507
Aventura, FL 33160
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Michael Scott
1000 Island Blvd., Suite #2507
Aventura, FL 33160

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.

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

1-28-07
(Date)

David Nepo, 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)

1282
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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DIVISION OF CORPORATIONS

P.O. BOX 6327

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