

American Media Holding Corporation

905 Brickell Bay Drive, Suite 1629, Miami FL 33131

P98000083947

Thursday, October 01, 1998

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: American Media Holding Corporation
P98000083947
Change of Officer address

Gentlemen:

Please change the address of the President, Mr. Wolf Theuermeister, to:

905 Brickell Bay Drive
Suite 1629
Miami FL 33131

Thank you for your assistance.

Sincerely,


Wolf Theuermeister

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-10/08/98--01059--016

*****35.00 *****35.00

*RO change
10-9-98
DHS*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 OCT - 8 PM 1:28

APPROVED
AND
FILED



Florida Department of State, Jim Smith, Secretary of State

APPROVED
AND
FILED

98 OCT -8 PM 1:28

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 607.034 and 607.037, 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 is: American Media Holding Corporation

1a. Date of incorporation 9/29/98 Document number P98000083947

2. The name and address of the present registered agent and office:
Wolf Theuermeister, 1717 N. Bayshore Drive, Suite 3452, Miami FL 33132

3. The name and address of the successor registered agent and office:
(P. O. BOX NOT ACCEPTABLE)
Wolf Theuermeister, 905 Brickell Bay Drive, Suite 1629, Miami FL 33131

The address of its registered agent and the 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.

SIGNATURE [Signature] X
(President or Vice President)
DATE 10/6/98 X

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE [Signature] X
(Registered Agent)
DATE 10/6/98 X

FILING FEE: \$20.00