P99000025178

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
•	,				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Do	cument Number)				
(DC	cament Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
		,			





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02/08/07--01019--018 **35.00

FILED

07 FEB -8 AM 10: 34

SECRETARY OF STATE
TALLAHASSEF, FI OBJECT

COVER LETTER

SUBJECT: HOME FURNITURE SHOPPING NETWORK, INC. (Name of Corporation) DOCUMENT NUMBER: <u>P 99 0000</u> 25 178 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: PETER L BRETON

(Name of Contact Person) MOYLE, FLANIGAN, KATZ etal 625 N. FLAGLER DR NINTH FLOUR WEST PALM BEACH FL 3340/ For further information concerning this matter, please call: PETER L BRETON at (561) 822 0395

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:

Clifton Building

Amendment Section

Tallahassee, FL 32301

Division of Corporations .

2661 Executive Center Circle

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

statement of ch	provisions of sec ange is submitted er to change its r	d for a corporati	on organized	under the la	rws of the St	ate of <u>F</u> <u>(</u>	CRIDA	7
	the corporation:							110
2. The principa	l office address:_	155	NE	157	REET			
	EERFIE							
	address (if differ							
			,					
4. Date of incom	poration/qualific	ation: <u>03//</u>	9/1999	_ Document	number:	19900	0025	776
	d street address outment of State:	of the current reg	istered agent	and register	ed office on	file with the	971	
	RICHI	and s	HUMI	A.N/		AHA	8	77
	155	GAD S NE FIELD	- 1	57	RET	- SSE	•	
	DEFO		0 = N	244 F	-/ 6	72447	AM IO:	
	DEERF	-1EL13	BEFR	7/ F	<u> </u>		STA:	O
6. The name an (if changed):	d street address o	of the new registe	ered agent (if	changed) ar	nd /or registe	ered office	₩ ¥	
	PETO	ER L	BR	ETON	/			
	625	N. FLA	GLER	DR 1	VINTH	FLOOR	•	
		(PO. Box NOT	acceptable)					
	WEST	PALM	BEAC	74, F	<u>L</u> 3	340/		
The street addr as changed wil	ess of its registe I be identical.	red office and t	he street addi	ress of the b	usiness offi	ce of its regis	stered ager	ıt,
Ü	a s a uthorized by he board, or the	resolution dul	y adopted by	its board of	directors o	r by an office	er so	
authorized by t	ne board, or the	corporation has						
- (S)ghai	ture of an officer or dir	rector)		RICHAI (Pi	OD 5/	ame and title)	DIRE	C 70/C
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointmen to comply with t nd I am familiar ing filed merely s been notified i	it as registered the provisions o with and accep to reflect a cha n writing of this	agent and ag f all statutes it the obligati nge in the reg s change.	ree to act in relative to t ion of my po gistered offi	n this capac the proper a psition as re ce address,	ity. ind complete gistered agen I hereby conj	performar it. Or, if th firm that th	nce his he
Je i	ignature of Registered	Batm	<u> </u>	FEB	RUA/(Date)	Y 6,	200	7
If signing on be	ehalf of an entity	y:						
PETER	L BR	RETON (1e)	<u></u>		,			

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