

MAY-26-2004(WED) 14:02 CARLTON FIELDS

Division of Corporations

P. 001/003

Page 1 of 1

P9900000274576

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000113078 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813) 223-7000
Fax Number : (813) 223-4133

RECEIVED

04 MAY 26 PM 2:13

DIVISION OF CORPORATIONS

FILED
04 MAY 26 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

TELEMANDO USA, INC.

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

Electronic Filing Menu

Corporate Filing

Public Access Help

RHA chg
JPM
5/26/04
5/25/2004

MAY-26-2004(WED) 14:02 CARLTON FIELDS

P.002/003

05/26/2004 10:01 FAX 813 229 4133 CARLTON FIELDS-TAMPA → MIA CF
Department of State 5/26/2004 8:02 PAGE 1/1 RightFAX

002/002



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 26, 2004

TELEMANDO USA, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

SUBJECT: TELEMANDO USA, INC.
REF: P99000027476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlana Connell
Document Specialist

FAX And. #: H04000113078
Letter Number: 104300036714

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

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: TELEMANDO USA, INC.

2. The mailing address of the corporation: PMB #69, 260 Grandon Boulevard, #32
Key Biscayne, FL 33149

3. Date of incorporation/qualification: 03/25/1999 Document number: 999000017476

4. The name and address of the current registered agent and office:

AGI REGISTERED AGENTS, INC.

1200 BRICKELL AVENUE, SUITE 900

MIAMI, FL 33131

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

CFRA, LLC

One Harbour Place, 777 S. Harbour Island Boulevard

Tampa, FL 33602-5710

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.

✓ Ronald L. Knoll

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

3/22/2004

(Date)

Ronald L. Knoll, President and Chairman of the Board
(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]

(Signature of Registered Agent)

3/22/04

(Date)

If signing on behalf of an entity:

Ann C. Harris
(Typed or Printed Name)

Authorized Representative
(Capacity)

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

FILED
04 MAY 26 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA