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SECRETARY OF STATE SALLAHASSEE, FLORIDA

RIA Charge 1/alo3

RANDALL J. LOVE, P.A. ATTORNEY AT LAW

10816 U.S. 19 North, Suite 110 Port Richey, Florida 34668

(727) 861-7001 (727) 863-0543 FAX

1-866-838-7001

June 24, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Giggles Comedy Clubs, Inc.

Dear Sir:

Enclosed please find a completed Statement of Change of Registered Office or Registered Agent or Both for Corporations for Giggles Comedy Clubs, Inc. Also enclosed is the filing fee of \$35.00. Should you have any questions or need additional information, please contact my assistant Tina at (727) 861-7001.

Thank you for your attention in this regard.

very truly yours,

Randall J. Love

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

Pursuant to t	the provisions of se	ctions 607.0502, (517.0302, 607.150a	8, or 617.1508.	Florida Statuses,
this statement	t of change is submi	tted for a corporal	ion organized unde	er the laws of the	: State of
Florida	in order to) change its regist	ered office or regis	stered agent, or	both, in the State
of Florida.		Cirolno O-	made Alluha	T = -	
1. The name of	of the corporation:	Gradates Co	medy Clubs,	inc.	72
2. The princip	al office address:	P.O. Box 6	066		77
	•	Hudson Aye	nue, FL 346	74	City.
3. The mailing	g address (if differen	nt):			
					Č
4. Date of inc	orporation/qualifica	tion: 08/06/19	999 Docum	ent number: P	9000070054
	and street address of partment of State:	the current registe	red agent and regis	cered office on i	fle with the
	Fred L. Th	omas			<u>-</u>
	14318 Tenr	yson Dr.			
	Bayonet Po	oint, FL 34	667		- -
6. The name changed):	and street address	•	ned agent (if chan	ged) and /or reg	pistered office (if
	10816 U.S.	HWY 19 No.	., Suite 110	0	
		Y. FL 34658	Manage MCMT are numbered as	· · · · · · · · · · · · · · · · · · ·	~
	dress of its registere				
Such change by	was authorized by r	esolution duly add orporation has bee			
(Name to see of the	AT CHARGE OF VICE CHAIR	Ne of the innerell	Fraco L. T	HOHOS	,
l hereby acce I further agre performance registered agr affice address	pt the appointment te to comply with th of my duttes, and I ent. Or, if this docs s, I hereby confirm	as registered ages e provisions of all am familiar with a unent is being file that the corporati	nt and agree to act istatutes relative to and accept the obti d merely to reflect on has been notifie	in this capacity of the proper and gation of my po- a change in the d in writing of t	complete sition as registered his change.
1560	(Signature of Registered As		6/23	103	-
If signing on bei	· ~ · · · · ·	#M!	, ,	وتقصي	
	(Typed or Printed Name)			(Capacity)	
	/ TAINET OF LIBERAL MINUSE)			4 american (2%)	

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

MARR CHECKE PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAR. TO: DIVISION OF CORNORATIONE, P.O. BOX 6327, TALLAHASTEE, FL 22314