

P99000111674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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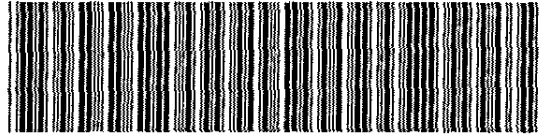
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Pat Chang

G. Ocasio JUL 12 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PSN Network Consulting, Inc.
(Name of corporation)

DOCUMENT NUMBER: P9900011674

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:

Jeffrey W. Poole
(Name of person)

PSN Network Consulting, Inc.
(Name of firm/company)

10901 Bentree PL.
(Address)

TAMPA, FL. 33618
(City/state and zip code)

For further information concerning this matter, please call:

Jeffrey Poole at (813) 625-8005
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PSN NETWORK CONSULTING, INC.
2. The principal office address: 10901 BENTTREE PLACE
TAMPA, FL. 33618
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/1/2000 Document number: P99000111674
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE, STE 900
MIAMI, FL. 33131

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY Suite 300
(P.O. Box or personal mailbox NOT acceptable)
TAMPA, FL. 33637

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, or the corporation has been notified in writing of the change.

Jeffrey W. Poole
(Signature of an officer or director)

JEFFREY W. POOLE
President PSN
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X Mark Hankins President
(Signature of Registered Agent)

6/21/04
(Date)

If signing on behalf of an entity:

Mark Hankins

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314