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PRAGER PRODUCTIONS, INC. P.O. BOX 8102 FORT LAUDERDALE, FL. 33310								
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(City/State/Zip/Phone #)								
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RA Chg.

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

Pursuant to the provise the undersigned corpor	-						orida Statutes
submits the following s	tatement in ord	der to change	its <u>r</u> egist	ered offi	ce or regi	stered age	1
1. The name of the corp	oration:	RAGER	Prop	wat	ZOUS	, Zo	C. 39
2. The mailing address	of the corporat						
		tox T	LAU	S EXPA	Li, FC	-	
3. Date of incorporation	n/qualification	: 01.79	.4/	_ Docur	nent numl	ber:	S2673
4. The name and address	s of the curren	t registered ag	ent and re	egistered	office:		
	BREUSL	Dito	12 PR	doc'z			
<u></u>	3924 5	sw 139	9 Au	2			
	Diuse,	FC 33	3330)			
5. The name and addres	s of the new re		t (if <u>ch</u> ang	ged) and	or registe	red office	(if changed):
	PAUL J	PEAGE					
	1591 X	J. Power	Czaa	Road			
	Bupan	o Body	FC 2	306	9	<u> </u>	
The street address of its agent, as changed, will	registered off be identical.	ice and the st	reet addre	ess of the	e business	office of	its registered
Such change was autho authorized by the board	rized by resolu	ition duly ado	pted by i	ts board	of directo	ors or by a	n officer so
Caus	مجت	<u>~~</u>	<u></u>			(Date)	.03
(Signature of an office	er, chairman or vice	e chairbean of the	board)			(Date)	
	ted or typed name	and title)	:		•		
Having been named as corporation, I hereby a lift of the complete in the compl	registered age ccept the appo ly with the pro es, and I am fa	nt and to acce intment as re- visions of all imiliar with a	ept servic gistered a statutes r nd accept	e of prod gent and elative t the obli	cess for the dagree to the property of the property of the gation of	e above st act in this ger and co my position—	ated s capacity. mplete on as
~~~~~	بكرح		27.7 <u>22.7</u> 2.22.6 2.33.6	: ~		٥ <i>٠</i> ٥٢	
,	Registered Agent		<del></del>		(Date)		
If signing on behalf of an en				^			
Perk J. Peaco (Typed or P	rinted Name)		_= =	Rega	Corosi	400 cm	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
(Typed of P	inica ivanie)			•	(Capacii	·3)	

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