Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phon**e**

: (305)634-3694

Fax Number

: (305)633-9696

REGISTERED AGENT CHANGE

AERIAL SIGN NORTH, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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Corporate Filings

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

| in order to change its reg | gistered office or registered agent, or both, in the State of Florida. | |
|--|---|--|
| 1. The name of the corporation: | he corporation: AERIAL SIGN NORTH, INC. | |
| 2. The principal office address: | ipal office address: ALLAIRE AIRPORT HWY 37, BLDG 7 | |
| | ALLAIRE, NJ 07727 | |
| 3. The mailing address (if differen | ŋ: | |
| 4. Date of incorporation/qualificat | ion: 05/20/1997 Document number; P97000044829 | |
| 5. The name and street address of Florida Department of State; | the current registered agent and registered office on file with the | |
| BRI | AN BRODERSON | |
| 750 | 1 PEMBROKE PINES ROAD | |
| но | LLYWOOD, FL 33023 | |
| 6. The name and street address of t (if changed): | AN BRODERSON 1 PEMBROKE PINES ROAD LLYWOOD, FL 33023 the new registered agent (if changed) and /or registered office RRY M. DALE, ESQ. | |
| JEF | RRY M. DALE, ESQ. | |
| 833 | 70 WEST FLAGLER STREET, SUITE 252 | |
| | (P.O. Box NOT scooptable) | |
| M | AMI, FLORIDA 33144 | |
| The street address of its registered as changed will be identical. | d office and the street address of the business office of its registered agent, | |
| Such change was authorized by nauthorized by the board, or the ap | solution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change. | |
| Signature of an physical or direct | MATTHEW D. APPLEGATE, PRESIDENT | |
| | is registered agent and agree to act in this capacity. provisions of all stabutes relative to the proper and complete performance ith and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the | |
| (Signature of Rogarized Ag | 2 14 05 | |
| If signing on behalf of an entity: | | |
| Jerry M. Dale (Typed or Printed Name) | HODOOO38083 | |

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