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SECRETARY OF STATE
ANILAHASSEE, FLORIDA

Artice from Jord Andrews (1) (1)

## **COVER LETTER**

Division of Corporations			
SUBJECT: TALK. Com, IN	me of Corporation)		
DOCUMENT NUMBER: POGOOO!			
The enclosed Articles of Correction and fee	are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
JOHN T. PAXMAN			
(Name of Contact Person)  JOHN T. PAXMHN, P.A  (Firm/Company)	•		
1832 N. DIXIE HIGHWA	4		
LAKE WORTH FL. 33 (City/State and Zip Code)	3460		
For further information concerning this mat	ter, please call:		
JOHN T. PAXMAN (Name of Contact Person)	at ( 561 ) 547-2424  (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amou			
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status		
43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF CORRECTION

f	or		
talk. com inc	٥.		
Name of Corporation as currently	filed with the Florida Dept. of	State	
P06000 1115	522		<del>-</del> · ·
Document Nu	mber (if known)		
Pursuant to the provisions of Section 607.0124 or these Articles of Correction within 30 days of the	617.0124, Florida S file date of the docu	tatutes, this corpora	ation files ed.
These articles of correction correct Article	S OF LUCOMO	oration	<b>2</b>
filed with the Department of State onAug	(File Date of Document)		OS S
Specify the inaccuracy, incorrect statement, or de-	fect:		
Director James R. Staffo	÷	• •	FILE 22 EXASS
			PH 5
			PLOJA PLOJA PLOJA
		<del></del>	DE 5
			<u> </u>
Correct the inaccuracy, incorrect statement, or del	fect:		
JAMES R. Stufford			· - ·
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(Signature of a director, president or of not been selected, by an incorporator other court appointed fiduciary, by the	<ul> <li>if in the hands of the receiver.</li> </ul>	cers have trustee, or	• • • • • • • • • • • • • • • • • • •
constitution and and any, by the			,
JOHN T. Paxman, Registered Agen	+	INCORBRAT	OR.
(Typed or printed name of person signing)	<del>-</del>	(Title of person s	igning)

Filing Fee: \$35.00