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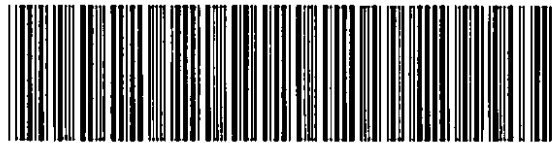
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adirondack Scenic, Inc.
Name of Corporation

DOCUMENT NUMBER: FEIN 14-1566132

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:

Charlie Anderson

Name of Contact Person

Adirondack Scenic, Inc., d.b.a. Adirondack Studios

Firm/Company

439 County Route 45

Address

Argyle, NY 12809

City/State and Zip Code

excasst@adkstudios.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlie Anderson

Name of Contact Person

at (518)

638 8000 x 274

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

