

DAVID A. FONTES, LL.M.

202 SOUTH MOODY AVENUE • TAMPA, FLORIDA 33609 • (813) 222-0232

K45996

December 29, 1998

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

200002729892-4
-01/05/99-01015-012
*****43.75 *****43.75

Re: Articles of Amendment

Dear Sir:

Enclosed please find the Articles of Amendment to the Articles of Incorporation of SUNCOAST SKYLINE, INC. Enclosed please find a check in the amount of \$43.75, comprised of the fee of \$35 for filing this document and \$8.75 for a certified copy. If there are any questions, please contact me at the telephone number above.

Sincerely,

David A. Fontes

David A. Fontes, LL.M.

Attorney-at-Law

FILED
99 JAN -5 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.
1-12-99
CC

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION
OF
SUNCOAST SKYLINE, INC.

Pursuant to the provisions of Section 607.1006 of the Florida General Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

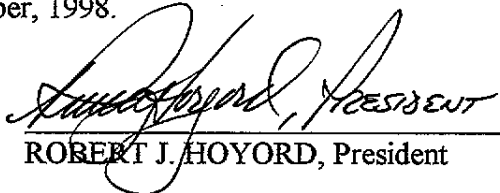
1. The following amendment to the Articles of Incorporation was adopted by the shareholders of the corporation:

ARTICLE I - NAME

The name of this corporation shall be SUNCOAST SKYLINE DISPLAY SERVICES, INC.

2. The date of adoption of the amendment is December 28, 1998.
3. The amendment will be effective upon January 1, 1999.

Executed this 29th day of December, 1998.



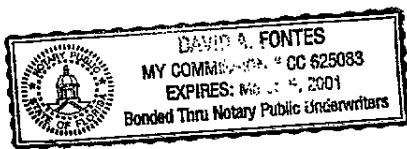
ROBERT J. HOYORD, President

FILED
99 JAN -5 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, on this 29th day of December, 1998, personally appeared ROBERT J. HOYORD, to me well known or who has produced a drivers license as identification and known to be the person described in, and who signed the foregoing Articles of Amendment, and acknowledged to me that he executed the same freely and voluntarily, for the uses and purposes therein expressed.

WITNESS MY HAND AND OFFICIAL SEAL on the date, and in the county and state hereinabove stated.



David A. Fontes

NOTARY PUBLIC - STATE OF FLORIDA

Printed Name DAVID A. FONTES

MY COMMISSION EXPIRES: 3/5/01