

L10000038503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

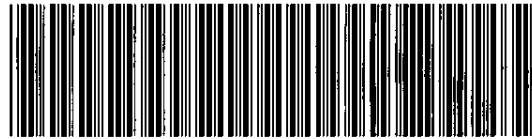
Special Instructions to Filing Officer:

L. SELLERS

DEC 10 2010

EXAMINER

Office Use Only



400187619614

11/16/10--01020---010 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -9 PM 3:52

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BOOST DIGITAL MEDIA LLC

DOCUMENT NUMBER: L10000038503

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Hackman

Name of Contact Person

Boost Digital Media

Firm/ Company

1718 NW 22nd Ter

Address

Gainesville, FL 32605

City/ State and Zip Code

joel@weboostyou.com

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

For further information concerning this matter, please call:

Joel Hackman

Name of Contact Person

at (561)

308-8421

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2010

JOEL HACKMAN
1718 NW 22ND TERRACE
GAINESVILLE, FL 32605

SUBJECT: BOOST DIGITAL MEDIA LLC
Ref. Number: L10000038503

We have received your document for BOOST DIGITAL MEDIA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 610A00027099

BOOST DIGITAL MEDIA

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

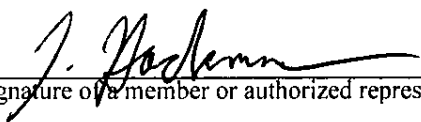
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jonathan Ciaccio	1718 NW 22nd Ter Gainesville, FL 32605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



 Signature of a member or authorized representative of a member

 Joel Hackman

 Typed or printed name of signee