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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: LADT E PRODUCTIONS.LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Articles of Correction and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Deborah Knight Name of Person					
LADY E PRODUCTIONS, LLC					
2342 NE 25th Street					
Lighthouse Point, FL. 33064 City/State and Zip Code					
E-mail address: (to be used for future armual report notification)					
For further information concerning this matter, please call:  Deborah Knight at 954 638-2057					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$30 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy					
CDDDC(2 (09/05)					

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

	FIRS	T: The name of the limited liability company is: L12-N9167	)	
	SECO	ND: The articles of organization or the application to transact business		
	<u>(CI</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	EMENT	
		Contains an incorrect statement. The incorrect statement, the reason the statement incorrect, and the corrected statement are as follows:	ent is	
		I WANT TO CHANGE The from LADT E PRODUCTIONS	NAM LL	<u>ر</u> د
107		LADY E PRODUCTIONS, LLC		
		<u>o'R</u>		
		Was defectively signed. The manner in which the document was defectively sig the appropriate correction are as follows:	ned and	
	Dated	Signature of a member or authorized representative of a member	12 SEP SECRE T	
		Typed or printed name of signer	20 PM	
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	E STAI	•