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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Strategic Broadcast Media Group. Inc.

DOCUMENT NUMBER: N0900006625

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

Please return all correspondence concerning this matter to the following:

Joseph E. Ferrer

(Name of Contact Person)

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		Strategic Bro	adcast Med	a Group, Inc	
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	* ***		(Address)		•
		Delray	Beach, FL	33444	
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			setet@aol.c	annual report notification	<u>m)</u>
• *		maii address, (to be	used for future	annual report notificant	
For further inf	ormation conce	erning this matter, p	lease call:		• • •
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Joseph E. F	errer		at (561) 276- 8085	
	(Name of Cont	act Person)		(Area Code & Daytime	Telephone Number)
Enclosed is a c	check for the fo	llowing amount ma	de payable to th	ne Florida Department of	State:
☑ \$35 Filing I	Fee □\$4	3.75 Filing Fee &	□ \$43	75 Filing Fee &	🗖 \$52.50 Filing Fee
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·	Amendment S			Amendment Section	
	Division of Co	orporations	- "سب میں - روح ب	Division of Corporations	·
· -	P.O. Box 632			Clifton Building	
	Tallahassee, F	1. 32314		2661 Executive Center C Tallahassee, FL 32301	ircie

Articles of Amendment to Articles of Incorporation of

Strategic Broadcast Media Group, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N0900006625

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the
 new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

position.

(Florida street address)

Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

Registered Agent, if changing Signature of New

Page 1 of 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

14

<u>Title</u>	Name	Address	Type of Action
<u>Ms</u>	Lisa Bright (Secretary)	915 S. Federal Highway Boynton Beach, FL 33435	_ □ Add □ ☑ Remove
<u>Mr</u>	Tom Cavendish (Secretary)	12037 NW 1st Coral Springs, EL 33071	- 🗹 Add - 🗋 Remove
Ms	Mary Wong (Treasurer)	6600 N. Military Road, C-440 Boca Raton, FL 33496	_ 🗌 Add _ 🛛 Remove

E. If amending or adding additional Articles, enter change(s) here: 2

(attach additional sheets, if necessary). (Be specific)

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	Title	<u>Name</u>	ی سی مگر ارسی با این ا	<u>Address</u>		Type of Action	-
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را ه در ۲۰۰۰ م بر اسلام است		
-	The date of each amendment(s) adoption: <u>July 06, 2010</u>	
•	<i>(date of adoption is required)</i> Effective date <u>if applicable</u> : July 06, 2010	
· ·	(no more than 90 days after amendment file date)	
	Adoption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
· · · · ·	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were	
· · · · ·	adopted by the board of directors.	
÷ .		
	Dated_July 6, 2010	
	Dated	
	Signature	
-	(By the chairman or vige chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Dr. Joseph E. Ferrer	
	(Typed or printed name of person signing)	
	President	
	(Tille of person signing)	
-		-
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