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DEFACTOR OF CONTORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PTWWN TV I	NCORP	ORAT	ED	
DOCUMENT NUM	BER: <u>N10000005</u>	353			
The enclosed Articles	s of Amendment and fee are su	bmitted for	filing.		
Please return all corre	espondence concerning this ma	tter to the fo	ollowing	:	
 		lyn Todm			
	(Name o	f Contact P	erson)		
	PTWWN TV	/ INCORF	PORAT	ED	
 	(Firm	n/ Company	y)		
	2003 Apalache	e Parkwa	av. Suite	e 204	
	· · · · · · · · · · · · · · · · · · ·	Address)			
•	Tallahasse	e Florida	a 3230	1	:
		ate and Zip			-
	marilyntodr	man@hot	mail.co	m	
·	E-mail address: (to be use				ation)
For further information	on concerning this matter, pleas	se call:			
Marilyn Todman		at (850	v 656 654	1
	of Contact Person)	((Area C	Code & Daytin	1 ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to t	he Floric	la Department	t of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	3.75 Filin led Copy tional cop sed)		Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address Idment Section Iden of Corporations Box 6327		Amend Divisio Clifton	Address ment Section n of Corporatio Building	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

PTWWN TV IN			**************************************
(Name of Corporation as currently	y filed with t	he Florida Dept. of S	state)
<u> </u>			KETARY OF STATE AFFARSCE FILIORIDA
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incor		this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>	
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "			acorporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2003 Apalachee	Parkway, 204
	<u>IDDRESS</u>)	Tallahassee, FL	32301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		2003 Apalachee F	Parkway, 204
		Tallahassee, FL 3	2301
D. If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent:			nter the name of the
New Registered Office Address:	(Floria	da street address)	
 -		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered age position.			ept the obligations of the
Sign	ature of New	Registered Agent, if c	hanging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Treas	Pearline Fryson	2003 Apalachee Pkwy, 204 Tallahassee, FL 32301	
			_
(attach ac	ling or adding additional Article dditional sheets, if necessary). (I		nd informative
televised	programming for the entire fa	mily. Our mission is to also provid	le educational
·-		on, acting, media and associated in	-

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The date of each amendmen	t(s) adoption: 7/28/11
Effective date <u>if applicable</u> :	(date of adoption is required) 7/28/11
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Marilyn Todman (Typed or printed name of person signing)
	President
	(Title of person signing)

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