

PD1000113839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

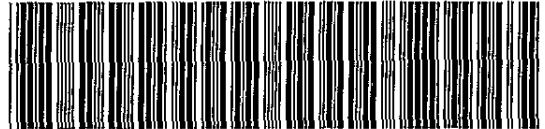
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/03--01001--007 **35.00

RECEIVED
03 MAY 16 PM 3: 12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2003 MAY 16 PM 3: 54
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette MAY 16 2003

Mark T. Haney
 Requestor's Name
215 S. Monroe St., 2nd Floor
 Address
Tall, FL 32301 222-3533
 /City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Free Mind Ventures, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Pennington
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19751.18167-1

May 16, 2003

VIA HAND-DELIVERY

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

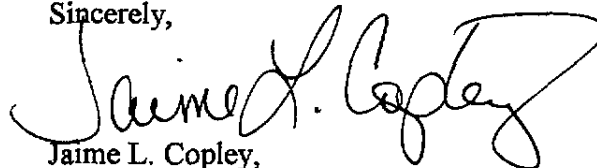
Re: Free Mind Ventures, Inc.

Dear Sir or Madam:

Please find enclosed for filing with your office an original Articles of Amendment to Articles of Incorporation of Free Mind Ventures, Inc. Also enclosed is our firm's check in the amount of Thirty-Five Dollars (\$35.00) for payment of the required fees.

If you have any questions, please contact either Mark Haney or me.

Sincerely,



Jaime L. Copley,
Legal Assistant to Mark T. Haney

:jlc

Enclosures

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FREE MIND VENTURES, INC.

FILED
2003 MAY 16 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Incorporation of FREE MIND VENTURES, INC., a Florida corporation (the "Corporation") are hereby amended as follows:

I) Article II of the Articles of Incorporation of the Corporation are hereby amended so as to read in its entirety as follows:

ARTICLE II

The principal place of business/ mailing address is:
2326 San Mateo Court
Tallahassee, Florida 32303

II) Article IV of the Articles of Incorporation of the Corporation are hereby amended so as to read in its entirety as follows:

ARTICLE IV

The number of shares of stock is:
10,000 shares

III) Article VI of the Articles of Incorporation of the Corporation are hereby amended so as to read in its entirety as follows:

ARTICLE VI

The name and Florida street address of the registered agent is:
Christopher A. Wilson
2326 San Mateo Court
Tallahassee, Florida 32303

This amendment was approved on the 16 day of May, 2003, by the written action minutes of the Board of Directors and Shareholders of the Corporation pursuant to Section 607.1003, Florida Statutes (1993), such vote being sufficient for approval.

These Articles of Amendment are executed this 16 day of May, 2003.

Ch. A. Wilson
Christopher A. Wilson, President

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 16th day of May, 2003 by Christopher A. Wilson. Such person did not take an oath and: (notary must sign applicable blank)

 is/are personally known to me.
 produce a current Florida driver's licenses as identification.
 produced _____ as identification.

{Notary Seal must be affixed} Karen A. Bradley
Signature of Notary

Karen A. Bradley
Name of Notary (Typed, Printed or Stamped)
Commission Number (if not legible on seal): _____
My Commission Expires (if not legible on seal): _____

