

PO2000051247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

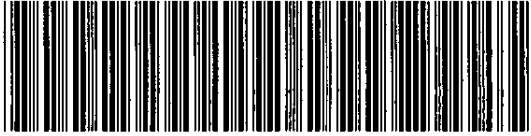
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 DEC 20 PM 3:05

PS 12/20/07
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2007

INTERNATIONAL YACHTMASTER LICENSING, INC.
ATTN: MARK FRY
910 SE 17TH ST, SUITE 200
FT LAUDERDALE, FL 33316

SUBJECT: INTERNATIONAL YACHTMASTER LICENSING, INC.
Ref. Number: P02000051247

We have received your document for INTERNATIONAL YACHTMASTER LICENSING, INC. 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 date of adoption of each amendment must be included in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6957.

Pamela Smith
Regulatory Specialist II

Letter Number: 407A00068500

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERNATIONAL YACHTMASTER LICENSING INC

DOCUMENT NUMBER: PO 20000 51247

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

Please return all correspondence concerning this matter to the following:

MARK FLY
(Name of Contact Person)

INTERNATIONAL YACHTMASTER LICENSING
(Firm/ Company)

910 SE 17th STREET, SUITE 200
(Address)

FORT LAUDERDALE, FLORIDA 33316
(City/ State and Zip Code)

For further information concerning this matter, please call:

MARK FLY at (954) 684 5586
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

The date of each amendment(s) adoption: November 21st 2007

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

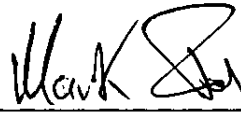
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARK FRY

(Typed or printed name of person signing)

PRESIDENT + CEO

(Title of person signing)

FILING FEE: \$35