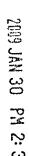
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPORATION: AND Pro	oductions, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Moga CSarah Riv (Name of Contact P	ka) Talmierson)
AN 1 Production (Firm/Company)	25, Inc.
<u>8109 Mizner</u> Laddress)	ine.
Boca Raton, F (City/State and Zip	L 33433 Code)
For further information concerning this matter, please cal	1:
Nog a (Sarah Rivka) Talmi at (Name of Contact Person)	561 305 3007 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:
(A	3.75 Filing Fee & S52.50 Filing Fee rtified Copy dditional copy is nclosed) S62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Ame Division of Corporations Divis P.O. Box 6327 Clift	et Address  Industry  Indu

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

(Document Number of Corporation (if known)

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NI Productions Inc. (Name of Corporation as currently filed with the Florida Dept.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 8109 Mizner Lane (Florida street address) New Registered Office Address: Boca Raton F1 33/33 Florida 33433 (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 position.

ghature of New Registered Agent, if changing

## 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)

j

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
***************************************			Add Remove
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	nding or adding additional Art additional sheets, if necessary).		
		change, reclassification, or cancella	
	not applicable, indicate N/A)	endment if not contained in the am	engment itsen:

The date of each amendment(s	) adoption:			
Effective date if applicable:	·			
Effective date if applicable:  (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.			
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval			
by				
(1	voting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)			
	Moga (Sarah, Rivka) Talmi (Typed or printed name of person signing)			
	Presiden+ (Title of person signing)			