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SECRETARY OF STATE
AHASSEE FLORIDA

Comment !

Mer

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:A\va\a3	inment Inc	<u> </u>
DOCUMENT NUMBER: 41-21981	£2,	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Kelly Walle (Name of Co	ntact Person)	
Alvatainment	Tyc, ompany)	
23609/Archer (Add	2d. #714	
Gainesville FL (City/ State a	32608 nd Zip Code)	
For further information concerning this matter, plea	se call:	
(Name of Contact Person)	at (904) 962-0 (Area Code & Daytime Tele	909 ephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\frac{1}{2}\$\$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	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

•	Articles of Amendment	
•	to Articles of Incorporation	FILED
	of	06 AUG -4 PM 3: 36
Alvat	rainment Inc.	SECRETARY OF STATE
(Name of corp	oration as currently filed with the Florid	da Dept. of State SSEE FLOOR
_		LOKIDA
41-2	198182	* · · · · · · · · · · · · · · · · · · ·
(I	Document number of corporation (if kno	own)
Pursuant to the provisions of secti		
adopts the following amendment(s	s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if	changing):	
(Must contain the word "corporation," "c	company," or "incorporated" or the abbr	reviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain	·	
AMENDMENTS ADOPTED- (Condon Article Title(a) being amon		
and/or Article Title(s) being amen		
ded James & Sto	kes CFO/Vice	President (Exeruti
	Ct. Jacksonville	
<u> </u>	CI. CALLADIA LIA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
red Crowld Warner	- CIOI Vice P	resident (Senior)
73 5 0 d Lake	CTO/ Vice Pr	on illa Fr 33608
~ 2003 14CVE	Y Kai 17 Caix	ROVIE, IL 52600
	(Attach additional pages if necessary)
If an amendment provides for exc	hange, reclassification, or cancel	lation of issued shares, provision
for implementing the amendment	if not contained in the amendmen	nt itself: (if not applicable, indicate N/
		
	(
	(continued)	

The date of each amendment(s) adoption:
Effective date if <u>applicable</u> : 07/0/06 (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 ancorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
CEO/President