

PO80000033236

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Art Correction  
Name chg/cc  
@ 4.28.08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ZIONIC PRODUCTIONS CORP

(Name of Corporation)

**DOCUMENT NUMBER:** P08000033236

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMALFI BLANCO

(Name of Contact Person)

(Firm/Company)

5249 NW 7 STREET APT# 409

(Address)

MIAMI, FLORIDA 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

AMALFI BLANCO

(Name of Contact Person)

at ( 786 )

486-9645

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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

## ARTICLES OF CORRECTION

for

**ZIONIC PRODUCTIONS CORP**

Name of Corporation as currently filed with the Florida Dept. of State

**P08000033236**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **ZIONIC PRODUCTIONS CORP**  
(Document Type Being Corrected)

filed with the Department of State on **APRIL 1ST, 2008**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**ZIONIC PRODUCTIONS CORP**

08 APR 22 PM 2:50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Correct the inaccuracy, incorrect statement, or defect:

**ZIONIC MUSIC, INC**

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

**AMALFI BLANCO**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**