

P08000067184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

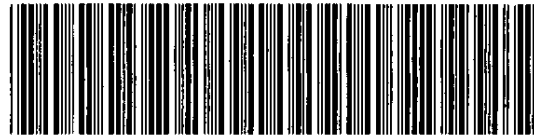
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600133962256

08/07/08--01026--008 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG - 7 PM 1:39

APPROVED
AND
FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Intermedia Touch Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000067184

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

Please return all correspondence concerning this matter to the following:

Cristina Miller
(Name of Contact Person)

Miller & Associates
(Firm/Company)

2125 Harbor Way
(Address)

Weston, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Cristina Miller at (305) 216-0388
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | |
|---|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

Intermedia Touch, Inc.

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

708000067184

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 ARTICLE IV SHARES,
(Document Type Being Corrected)

filed with the Department of State on 7/15/2008.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Stated as 100,000 shares at \$10.00 par value

Correct the inaccuracy, incorrect statement, or defect:

Please correct to 10,000 shares at \$10.00 par value

(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.)

Cristina Miller

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

APPROVED
AND
FILED

08 AUG - 7 1 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA