## P08000078706

Office Use Only



400134645124

09/02/08--01041--024 \*\*35.00

OBSEP -2 PH 1:26
SECRETARY OF STATEMENT ALL AHASSEE, FLORIG

F) Aut 8 SEP 0 5 2008

## **COVER LETTER**

TO: Amendment Section Division of Corporations	•	
SUBJECT: Digital Direct TV, Inc.		
DOCUMENT NUMBER: P08000078706		
The enclosed Articles of Correction and fe	e are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Vivian Lehman (Name of Contact Person)		
Digital Direct TV, Inc.	·	
(Firm/Company) 283 Cranes Roost, #111 (Address)		
Altamonte Springs, FL 32701 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Vivian Lehman (Name of Contact Person)	at ( 407 ) 733-4700 (Area Code & Daytime Telephone Number)	
,		
Enclosed is a check for the following amount:		
<b>✓</b> \$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:	Street Address:	
Amendment Section	Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
·	Tallahassee, FL 32301	
en e		

Charles and American Copy and the first of the

## ARTICLES OF CORRECTION

for

Digital Direct IV, Inc.  Name of Corporation as currently filed with the Florida D	Pent of State
P08000078706	rept. of State
Document Number (if known)	
, , ,	
filed with the Department of State on 8-25-08  (File Date of Document)	<del>1)</del> .
Specify the inaccuracy, incorrect statement, or defect:  Digital Direct TV, Inc Name	
	O8 S FALLA
Correct the inaccuracy, incorrect statement, or defect: Digital-HiDef Direct, Inc.	EP-2 F HASSEE
	H 1:26 FLORIDA
(Signature of a director, president or other officer - if directors not been selected, by an incorporator - if in the hands of the rother court appointed fiduciary, by that fiduciary.)	s or officers have eceiver, trustee, or
Dallas G. Lehman	Owner/President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00