Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECHETARY OF STATE
ALLA HASSEF PLOSIGN

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Corporate Filing Menu

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9/28/2010

ep 28 2010 4:10PM NICK SPRADLIN		8133336358	· •
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	s of Amendment		FILE
تب ق فه الله	to		
A.rucies	of Incorporation of	ı 4₩3	SEP 28 AM 10:
		SEC	ETARY OF STA
MEDIA CAPABI (Name of Corporation as currently file		Dent of State)	TETARY OF STANHASSEE, PLOR
P0800010 (Document Number of C		en)	
Pursuant to the provisions of section 607.1006, Florid	-		
A. If amending name, enter the new name of the cor	poration:		
name must be distinguishable and contain the work	* 46.)	Ihe new
name must contain the word "chartered," "professional associa B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ne dobreviation: "P.A." A REAL	
	BOCA RAT	ron, florida 33432	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	() 433 PLAZA	REAL	·
	SUITE 275		
	BOCA RAT	ON, FLORIDA 33432	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of Name of Naw Registered Agent:		Florida, enter the nan	<u>1e of the</u>
New Registered Office Address:	(Florida street ad	ldress)	
		, Florida_	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with an	d accept the obligations	of the position.
Sionature	of New Registered,	Avent if changing	

Page 1 of 3

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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)

Title.	Name	Address	Type of Action
DPST	MARIANELLA LEON	12000 NORTH DALE MABRY HWY SUITE 110	× Romove
DPST	CLARA GUZMAN	433 PLAZA REAL SUITE 275 BOCA RATON, FLORIDA	X Add Remove
			Add Remove
E. If amending	g or adding additional Articles, enter c	hange(s) here:	
			,
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss of contained in the amendment in	ued shares, tself:

Sep 28 2010 4:10PM		8133336358
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The date of each amendmen		
		tion is required)
Effective date if applicable:	9/28/2010	
	(no more than 90 days after am	endment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. I	The number of votes cast for the amendment(s)
The amendment(s) was/we must be separately provide	re approved by the shareholders to do for each voting group entitled to	through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/w	ere sufficient for approval
by .	·	, n
	(voling group)	•
Action was not required.		ors without shareholder action and shareholder
_	_	
Dated 9	128/2010	_
7	128 / 2010	- F
Signature	a director, posident on other officted, by an incorporator—if in the clinted fiduciary by that fiduciary	cer – if directors or officers have not been to hands of a receiver, trustee, or other court
Signature	cted, by an incorporator—if in the olinted fiduciary by that fiduciary	e hands of a receiver, trustee, or other court)
Signature	cted, by an incorporator—if in th	e hands of a receiver, trustee, or other court)
Signature	cted, by an incorporator—if in the olinted fiduciary by that fiduciary	ie hands of a receiver, trusted, or other court ieo's ame of person signing)