# 1090000004439

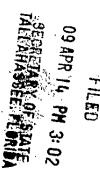
(R	equestor's Name)	
(A	ddress)	,
(A	ddress)	
(C	ity/State/Zip/Phone #)	·
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(5)	ocument Number)	
(U	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



000147886320

04/02/09--01024--021 \*\*35.00

Amens



CACAGO APR 14 2009



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2009

DEVRY E. DEWAN, CPA 7006 ATLANTIC BLVD JACKSONVILLE, FL 32211-8706

SUBJECT: W B PRODUCTIONS, INC

Ref. Number: P0900004439

We have received your document for W B PRODUCTIONS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of the amendment is missing. Please complete the attached page and resubmit the entire amendment for processing.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 709A00011560

RETARY OF STATE AHASSEE, FLORID,

Jan J.



**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: W B PRODUC	TIONS INC.	
DOCUMENT NUMBER: P090000	04439	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
DEVRY E. DEWAN, CPA		
(Name o	of Contact Person)	
(Fir	rm/ Company)	
7006 ATLANTIC BLVD		·- <u></u>
	(Address)	
JACKSONVILLE FL. 3221		
For further information concerning this matter,	tate and Zip Code) please call:	
Devry E. Dewan	at ( 904 ) 725-2906 (Area Code & Daytime Teleph	
(Name of Contact Person)	(Area Code & Daytime Teleph	none Number)
Enclosed is a check for the following amount n	nade payable to the Florida Departme	nt of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
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

#### FILED

#### **Articles of Amendment** to **Articles of Incorporation** of

09 APR 14 PM 3: 02

	W B PRODUCTIONS, INC	
	(Name of Corporation as currently filed with the Florida Dept. of St.	<u>ite</u> )
) <i>i</i> = 1	P0900004439	
	(Document Number of Corporation (if known)	

(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following the provisions of the provision following the		t Corporation adopts
A. If amending name, enter the new name o	of the corporation:	
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation names association," or the abbreviation "P.A."	""Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREI</u>		
•		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		42. 4.
D. If amending the registered agent and/or new registered agent and/or the new reg		nter the name of the
Name of New Registered Agent:	JAMES GASTON MATHIS	_
New Registered Office Address:	(Florida street address)	_
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang	ing Registered Agent:	- '

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## 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	<u>Name</u>	Address	Type of Action
Pres	John Corley	7006 Atlantic Blvd Jacksonville FL	_ 🗖 Add _ 🖪 Remove
Pres.	James Gaston Mathis	5703 Coquina Gates Jacksonville FL. 32207	Add Remove
<del></del>			_ 🗖 Add _ 🗖 Remove
	nding or adding additional Articles, additional sheets, if necessary). (Be		
<u>provisi</u>		ge, reclassification, or cancellation of issent if not contained in the amendment	
Arti	cle VII Initial Board of D	irectors	
TAKE O	FF: JOHN CORLEY COMPLETELY	AS PRES/ V: PRES/ SEC./ TEAS	,
. ADD	JAMES GASTON MATHIS AS: PRI	ES./V.PRES./SEC./TREAS.	

Ťḥ	e date of each amendment(s	adoption:	·· 3-30-09		
Ef	fective date <u>if applicable</u> : _				
		(no more than 90 days after	r amendment file date)		
Ad	loption of Amendment(s)	(CHECK ONE)	Ð		
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
			ders through voting groups. The following statemen tled to vote separately on the amendment(s):	ť	
	"The number of votes c	ast for the amendment(s) wa	as/were sufficient for approval		
	by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(	voting group)			
	The amendment(s) was/were action was not required.	adopted by the board of dir	irectors without shareholder action and shareholder		
X	The amendment(s) was/were action was not required.	adopted by the incorporator	ors without shareholder action and shareholder		
	Dated03/3	0/09			
	Signatu <del>re</del>	Al / ha			
	Selec		r officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)		
		JOHN CORLEY			
		(Typed or printe	ted name of person signing)		
		Pres.			
		(Title of p	person signing)		