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SECRETARY OF STATE
TALLAHASSECTION

Amera C.COULLIETTE

OCT 27 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Mec	<u>xiabaun</u>	In
DOCUMENT NUMBER:	90900	006571	63
The enclosed Articles of Amend	Iment and fee are s	ubmitted for filing.	
Please return all correspondence	concerning this m	atter to the following:	
Ma	IK B	of Contact Person	
M	edia b	7 LL Y	16.
4032	Huntin	adale c	£
west-	y Chaf	De / FL State and Zip Code	3354
	Mused for		1.Com
For further information concern	ing this matter, plea	ise call:	
Name of Contact Pers	NS.	at (813) 37 Area Code & Day	13-410D time Telephone
Enclosed is a check for the following amount made payable to the Florida Department (
☐ \$43.75 Filing Fee ☐ \$43.75 F	iling Fee & te of Status	S43.75 Filing Fee & Certified Copy (Additional copy is end	Cestosed) Cu

- SECRETARY OF STATE	@9 OCT 26 FH 2: 42	S. The Control of the
10°		

Articles of Amendment

	to	
A	articles of Incorporati	on
AA A. I	of	
Mediabau	1 Inc.	
(Name of Corporation as curre	ntly filed with the Flori	dn Dept, of State)
(Document Num	ber of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this I	Florida Profit Corpo:
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)	designation "Corp," "In essional association," or icable:	ic," or "Co". A pro
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new registered		in Florida, enter the
Name of New Registered Agent:		
New Registered Office Address:	New Registered Office Address: (Florida street address)	
-	(City)	Flor (Zip Code)
New Registered Agent's Signature, if changin		
I hereby accept the appointment as registered ag	ent. I am familiar with a	and accept the obligat

If amending the Officers and/or Directors, enter the title and name of each officer/director removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)			
<u>Title</u>	Name	Address	Tyı
	Shane Rachester		_ 0
Pres -	Mark Bolling	4032 Huntingdal Wesley Chapel, FL 33743	- Vect Wadd
			_ 8
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be speci ling May K. Bo ficer President	lling as an	
provision	endment provides for an exchange, rec is for implementing the amendment if applicable, indicate N/A)	lassification, or cancellation of not contained in the amendmen	issued s at itself:

El-//Oditi---diagonal Object Dealer dod .

10/00/0000