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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DIGITAL MAGIC DESIGNS, INC. Name of Corporation		
DOCUMENT NUMBER: P090000808	357	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
RONALD A. MUSCARELLA, CPA Name of Contact Person		
RONALD A. MUSCARELLA, CPA PA		
Firm/Company		
4462 N. UNIVERSITY DR		
Audicas		
LAUDERHILL, FL. 33351 City/State and Zip Code		
RMUSCCPA@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
RONALD MUSCARELLA Name of Contact Person	at (954) 746-7801 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑ \$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: 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



DIGITAL MAGIC DESIGNS, INC A Name of Corporation as currently filed with the Florida Dept. of State

Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document by	s, this corporation files being corrected.
These articles of correction correct ARTICLES OF INCORPORATION (Document Type Being Corrected)	PROFIT,
filed with the Department of State on 09/29/09 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
GOWEN, MICHEAL B	
TITLE P	
GOWEN, PHYLLIS D	
TITLE VP	
Correct the inaccuracy, incorrect statement, or defect: GOWEN, MICHAEL B	
TITLE VP	
GOWEN, PHYLLIS D	
TITLE P	
(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.)	
Phyllis Gowen	P
(Typea or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00