## P09000051403

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PREPLAY		ONICS, INC
DOCUMENT NUMBER: P09000874	103	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
HUSNAIN MIR		
PREPLAYED E		<u> </u>
332 N.W. 107 A	Firm/ Company	
PEMBROKE P		
	City/ State and Zip Cod	e
HUSNAINMIRZA	@AOL.COM ed for future annual report	notification)
L-man audiess. (to be us	ed for future annual report	nouncation
For further information concerning this matter, pleas	e call:	
HUSNAIN MIRZA	at (954	,448-9667
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	ortment 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 Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

## Articles of Amendment to Articles of Incorporation

FILED PM 2: 04

## PREPLAYED ELECTRONICS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000087403

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, F	Horida Statutes,	this Florida Profit	Corporation adopts the following	amendment(s) to
its Articles of Incorporation:				

me must be distinguishable and conta	in the word "corporat	ion," "company," or "incorporated" or	the a
Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional association	tion "Corp," "Inc," or on," or the abbreviatior	"Co". A professional corporation name "P.A."	must
Enter new principal office address, if rincipal office address MUST BE A ST.	applicable:	N/A	
Enter new mailing address, if application (Mailing address MAY BE A POST O		NA	
Enter new mailing address, if applied (Mailing address MAY BE A POST O		NA	
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	N/A	
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX) /or registered office ac	dress in Florida, enter the name of the	
(Mailing address MAY BE A POST O	FFICE BOX) /or registered office ac		
(Mailing address MAY BE A POST O	FFICE BOX)  or registered office acregistered office address  N/A		
(Mailing address MAY BE A POST O  If amending the registered agent and new registered agent and/or the new	FFICE BOX)  or registered office acregistered office address  N/A	ess:	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	AHMED MIRZA	1444 N. POINSETTIA PL
Add			APT 119
Remove			LOS ANGELES, CA 90046
2) Change	Р	HUSNAIN MIRZA	332 N.W. 107 AVENUE
Add			PEMBROKE PINES, FL 33026
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

NIA	heets, if necessary).	,			
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<u>n amenament p</u> ovisions for im	provides for an excl plementing the ame	nange, reciassing endment if not co	cation, or cancontained in the	amendment its	<u>u snares.</u> elf:
(if not applica	ıble, indicate N/A)				
/A					

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated <u>16-6-1214</u> Signature <u>1                                   </u>	
Signature / #	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
HUSNAIN MIRZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	