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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	EKTAINMENT NET WUR	K INC
DOCUMENT NUM	BER: P12000080332		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	·
	KARLY CAZILUS		
		Name of Contact Perso	n
		Firm/ Company	
	5483 CLUB CIR		,
		Address	
	HAVERHILL, FL 33415		
		City/ State and Zip Cod	le
karly	cazilus@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas		•
KARLY CAZILUS		at (370 - 5668
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NU VISION ENTERTAINMENT NETWORK INC

(Name of Corporation as cu	irrently filed with the Florida Dept. of State)			
12000080332	3,	AND THE		
(Document Number of Corporation (if known)				
ursuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendr	nent		
. If amending name, enter the new name of the corporati	on:			
N POINT SOUND ENTERTAINMENT INC	The ne	?W		
	ooration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain thation "P.A."			
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)				
. Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 16512			
	WEST PALM BEACH, FL 33426			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.				
Name of New Registered Agent	N/A			
(Flor	rida street d idress)			
New Registered Office Address:	, Florida			
	(City) (Zip Code)			

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	· · ·		
Add Remove	:		
2) Change		NIT	· · ·
Add			,
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change	; 		_
Add	i		
Remove	1		
5) Change	·		_
Add			
Remove	I		
6) Change			,
	<u></u>		
Remove	:		

				
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<u> </u>				
n amendment provides for an exc	hange, reclassification, c	r cancellation of issued s	bares.	
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained	in the amendment itself		
			·	
<u> </u>				
		·	- <u>-</u>	
				

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, , ,	·\$, ≠	·	N/A		X .
		ent(s) adoption:				, if other than the
date this docum	nent was sign	ea.		•		
Effective date	<u>if applicable</u>	<u></u>	(no more than 9	0 days after amendment j	file date)	
Note: If the d document's eff	late inserted fective date o	in this block does no n the Department of	ot meet the applic State's records.	cable statutory filing requ	uirements, this date wil	l not be listed as the
Adoption of A	mendment(s	i) (<u>CH</u>	ECK ONE)			
		were adopted by the were sufficient for a		number of votes cast for	the amendment(s)	
The amend must be sep	ment(s) was/v parately prov	were approved by th ided for each voting	e shareholders thre group entitled to	ough voting groups. The vote separately on the an	following statement nendment(s):	
"The	number of vo	tes cast for the ame	ndment(s) was/wer	e sufficient for approval		
ъу	!	<u> </u>	<u> </u>	<u> </u>		
		(νο	ting group)			
	ment(s) was/ not required.	were adopted by the	board of directors	without shareholder action	on and shareholder	
	ment(s) was/not required.	were adopted by the	incorporators with	out shareholder action as	nd shareholder	
	Dated	4.	8/17	/_		
	Signature	(By a director, pres	orporator —if in th	eer - if directors or office hands of a receiver, trus		

KARLY CAZILUŚ

(Typed or printed name of person signing)

CEO

(Title of person signing)