P15000003539

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MD PRODUCTIO	N TV CORP		
DOCUMENT NUMB	ER: P15000003539			1 1 1 1
	f Amendment and fee are su	bmitted for filing.		Su.
Please return all corresp	oondence concerning this mat	tter to the following:		
1	FIDEL D. CASTRO			
_		Name of Contact Person	l	
1	MD PRODUCTION TV CO	RP		
-		Firm/ Company		
	1820 W 46 ST APT 815			
-		Address		
,	HIALEAH, FL 33012			
-		City/ State and Zip Code	.	
orizon	do58@gmail.com			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
FIDEL D. CASTRO		at (305	_) 303-3499	
Name o	f Contact Person		de & Daytime Telephone Nun	nber
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
■ \$35 Filing Fee	□\$43.75 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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment on

•	to
	Articles of Incorporation
•	of
MD PRODUCTION TV CORP	

(Name of Corporation as currently filed with the Florida Dept. of State) P15000003539 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: FIDEL D. CASTRO Name of New Registered Agent 1820 W 46 ST APT 815 (Florida street address) , Florida_33012 HIALEAH New Registered Office Address: (City) New Registered Agent's Signature, if changing 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)

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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARGERY MONTE DE OCA	1820 W 46 ST APT 815
Add			HIALEAH, FL 33012
X Remove			
2) X Change	Р	FIDEL D. CASTRO	1820 W 46 ST APT 815
Add			HIALEAH, FL 33012
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary). (Be specific)	
ARTICLE VI		
THE NAME AND ADD	RESS OF THE INCORPORATOR SHALL BE:	
FIDEL D. CASTRO		
1820 W 46 ST APT 815		
HIALEAH, FL 33012		
F. If an amendment pr provisions for impl (if not applicable	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself: e, indicate N/A)	
•		

, ;	05/01/2015	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
05/	/01/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	r
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/01/20 Dated	·	
	Cution	
Signature(By a	director, president or other officer – if directors or officers have not been	
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)	
	FIDEL D. CASTRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	