

P93000078057

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

600002141686--6
-04/14/97--01029--001
*****700.00 *****87.50

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

MIRKIN & WOOLF, P.A.

Attorneys at Law

SouthTrust Center - Suite 580
1700 Palm Beach Lakes Blvd.
West Palm Beach, Florida 33401
phone 561-687-4460
fax 561-687-3447
e-mail: bizlaw@mirkinwoolf.com

April 9, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Enclosed for filing please find an original and one copy of Articles of Amendment to the Articles of Incorporation of the following corporations:

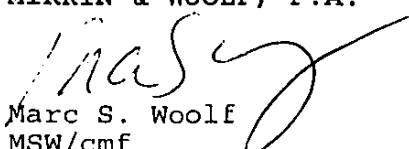
1. Dur United Entertainment Corporation;
2. Dur Music, Inc.;
3. X-Entertainment Corporation;
4. B-Dur Publishing, Inc.;
5. United Sports Agency Corporation;
6. Prairie Moon Records Incorporated;
7. 1-Dur Records Corporation; and
8. Dur Latin Corporation.

Also enclosed please find a check in the amount of \$700 to cover the filing fees and fees for certified copies of each corporation. Please mail the certified copies to me at the letterhead address above.

Thank you for your immediate attention to this matter.

Sincerely,

MIRKIN & WOOLF, P.A.


Marc S. Woolf
MSW/cmF

cc: Nicole Durr (w/o encl.)
Ivan A. Zigler, Esq. (w/o encl.)

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION
OF
B-DUR PUBLISHING, INC.

97 APR 14 AM 9:46

Pursuant to the provisions of the Florida Statutes, on February 28, 1997 all of the directors and shareholders of B-Dur Publishing, Inc., a Florida corporation (the "Corporation"), adopted the following resolutions by written consent:

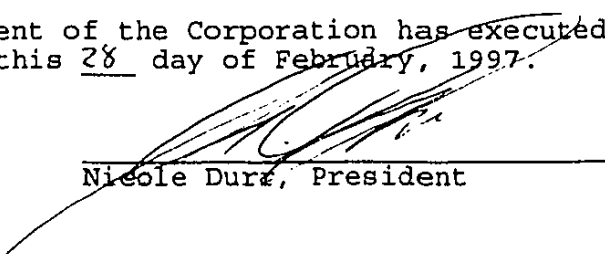
- RESOLVED: That the authorized capital of the Corporation should be changed to 1,000,000 shares of common stock, \$0.01 par value per share.
- RESOLVED: That all references to the Florida General Corporation Act be changed to the Florida Business Corporation Act.
- RESOLVED: That the Articles of Incorporation as filed with the Florida State Department should be amended to reflect the foregoing resolutions.
- RESOLVED: That the President of the Corporation is authorized to take any and all action necessary in order to reflect the change in the authorized capital of the Corporation.

NOW THEREFORE, in accordance with the foregoing resolutions, Article Four of the Corporation's Articles of Incorporation is amended to read as follows:

ARTICLE FOUR

The total number of shares which the Corporation shall have authority to issue is one million (1,000,000) shares of common stock having a par value of \$0.01 per share.

IN WITNESS WHEREOF, the President of the Corporation has executed and submitted this instrument this 28 day of February, 1997.


Nicole Durz, President

P93000079152

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

| | | | |
|--|---|-------------|--------------------|
| Name: | <u>KIRIT SHAH</u> | EIN or SS#: | <u>075-72-4895</u> |
| Address: | <u>11- RACHEL CT</u> <u>FRANKLIN PARK NJ 08823</u> | | |
| Amount: | <u>\$26.25</u> | Date Paid: | <u>2-4-97</u> |
| Reason for Claim: | <u>Overpayment of dissolution filing fees.</u> <u>S. Harris/Amendments</u> | | |
| <u>JIGNESH CORP., P93-79152</u> | | | |
| Certified true and correct this <u>4th</u> day of <u>APRIL</u> , 19 <u>97</u> | | | |
| Signature <u>[Signature]</u> | | | |
| * Must be completed if authority is other than Section 215.26, Florida Statutes. | | | |

| | |
|--|---|
| Do Not Write in This Box - For Agency Use Only | |
| Agency recommends approval of above claim and submits the following information to substantiate the claim: | |
| Amount of recommended refund \$ <u>26.25</u> | |
| The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on | |
| State Treasurer's Receipt No. | <u>01028--022</u> dated <u>02/04/97</u> |
| NAME OF ACCOUNT: | <u>4520213000145300000000010000</u> |
| Statutory Authority for Collection | <u>607.0122</u> |
| It is requested that payment be made from the following account: | |
| NAME OF ACCOUNT: | <u>45202130001453000000022002000</u> |
| Certified true and correct this _____ day of _____, 19 _____ | |
| Department of State, Division of Corporations (Agency) | (Authorized Agency Signature and Title) |

NIF