Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

(305) 634-3694

Fax Number

: (305)633-9696

BASIC AMENDMENT

TELE KING CORPORATION

Certificate of Status	<u> </u>
Certified Copy	1
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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF TELE KING CORPORATION ARTICLES OF NAME CHANGE

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
2001 OCT 26 PM 4: 55

TO:

THE FLORIDA DEPARTMENT OF STATE

I, the undersigned, the sole Director of TELE KING CORPORATION, hereby certify that the following Amendment to the Articles of Incorporation was duly adopted unanimously by the above-named corporation. The adopted Amendments to the Articles of Incorporation are as follows:

Article I, (corporate name) is amended to read as follows:

The name of the corporation shall be:

TELE KING COMMUNICATIONS CORPORATION

In all of the respects of the Articles of Incorporation shall remain as they were prior to this Amendment being adopted. The effective date of the Amendment is October 26, 2001.

I, the undersigned, being the President and Secretary of TELE KING CORPORATION, hereby certify that the Shareholders and Board of Directors of the Corporation at a Joint Meeting did unanimously approve and recommend on the 26th day of October, 2001, that the Articles of Incorporation of TELE KING CORPORATION, heretofore filed and approved by the Secretary of State, State of Florida, on May 24, 1999, be amended in the manner set forth above, and we did propose said amendment to the Shareholders.

IN WITNESS WHEREOF, we hereby have set our hands and seals this 26th day of October, 2001.

Frank Schreiber, President/Director

nest: Tra R School

Frank Schreiber, Secretary

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STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me on the 26th day of October, 2001, by Frank Schreiber, President and Secretary, of the corporation personally known to me or who produced the following identification ______ and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 26th day of October, 2001.

Notary Public, State of Florida

(Print Name of Notary Public)

My Commission Expires:

(Seal)

LILLIAN J. SHORSTEN
My Comm Dp. 271500
Mp. Comp. Dp. 271500
Mp. CC 010111
([phroughy Hanns 15600015).

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