N02000004115

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SECRETARY OF STATE
TALLAHASSEE, FLORIS

TB

OCT 1 4 2009

COVER LETTER

TO: Amendment Section Division of Corporations

4

NAME OF CORPO	RATION: Safari Todd W	ildlife Productions, Inc.	
DOCUMENT NUM	BER: N02000004115		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
		Hawksworth	
	(Name of	Contact Person)	
	Safari Todd Wil	dlife Productions, Inc.	
_	(Firm	/ Company)	-
	4983	Brook Road	
	(4	Address)	
	Kissimn	nee, FL 34758	
	(City/ Sta	te and Zip Code)	<u></u>
	E-mail address: (to be use	d for future annual report notification	ation)
For further information	on concerning this matter, pleas	e call:	
Lynne Hawkswor	th	at (407) 933-524 (Area Code & Daytii	2
(Name	of Contact Person)	(Area Code & Daytii	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
S35 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)
Ame Divis P.O.	ing Address ndinent Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment

to Articles of Incorporation of	ASECULAR AND
Safari Todd Wildlife Productions, Inc.	Second 8.50
(Name of Corporation as currently filed with the Florida Dept. of Stat	e) . ~?///
N0200004115	
(Document Number of Corporation (if known)	

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation the following amendment(s) to its Articles of Incorporation:	10%
he following amendment(s) to its Articles of Incorporation:	
	n adopts
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation" or "incorporated" or to abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	he
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 new registered agent and/or the new registered office address:	the
Name of New Registered Agent: Lynne Hawksworth	
4983 Brook Road	
New Registered Office Address: (Florida street address)	
Kissimmee , Florida 347: (City) (Zip Code)	58
(City) (Zip Code)	j
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familial with and accept the obligatio	ns of the
position.	
Signature of 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)

<u> Fitle</u>	Name	Address	Type of Action
<u>P</u>	Alan Hawksworth	4983 Brook Road Kissimmee, FL 34758	☐ Add ☐ Remove
<u>s</u>	Ramona Lashbrook	1105 Old Dixie Hwy Titusville, FL 32796	☑ Add ☐ Remove
<u>P</u>	Dawn Drever	461 Americana Blvd NW Palm Bay, FL 32907	☑ Add ☐ Remove
E. <u>If amendir</u> (a <i>ttach add</i>	ng or adding additional Articles, enter (itional sheets, if necessary). (Be specifi	change(s) here:	

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)

Title	Name	<u>Address</u>	Type of Action
<u>VP</u>	Jacob Kagan	455 Timber Ridge Dr Langwand, FL 32779	
			Add Remove
E. If amer (attach	nding or adding additional Artic additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	

The date of each amendmen	t(s) adoption: October 1, 2009
Effective date <u>if applicable</u> :	October 1, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Octo	ober 1, 2009
Signature	
(B)	the chairman solvice chairman of the board, president or other officer-if directors
oth	c not been selected, by an incorporator – if in the hands of a receiver, trustee, of er court appointed fiduciary by that fiduciary)
	Lynne Hawksworth
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

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