

N 99000001171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

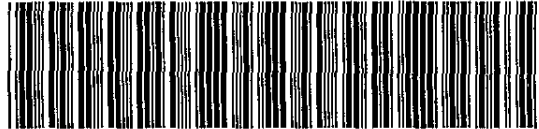
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JUGGEDKNOT THEATRE CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** N 9900000171

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER C. MYNTEJUS  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

6811 SW 77 TERRACE  
(Address)

MIAMI, FLA. 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER MYNTEJUS at (305) 725-6795  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

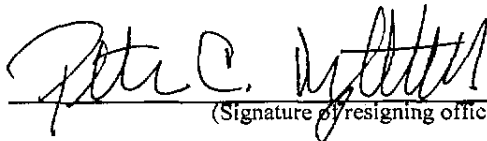
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PETER C. MYNTETOS, hereby resign as OFFICER & DIRECTOR  
(Title)

of JUGGERKNOT THEATRE CORPORATION  
(Name of Corporation)

N99000001171, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**05 JUL 18 PM 2:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILED**