

LAW OFFICES  
**METSCH & METSCH, P.A.**  
1455 NW 14 STREET  
MIAMI, FLORIDA 33125

LAWRENCE R. METSCH  
BENJAMIN R. METSCH  
\*ALSO ADMITTED IN CONNECTICUT

TELEPHONE 305-545-6400  
TELECOPIER 305-545-7224

391981

June 14, 2001

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

400004424174--9  
-06/18/01--01052--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Re: Resignation Of Registered Agent For  
Integrated Broadcast Services, Inc.,  
Federal Employer Identification No. 59-  
1373906, Document No. 391981

Gentlemen/Ladies:

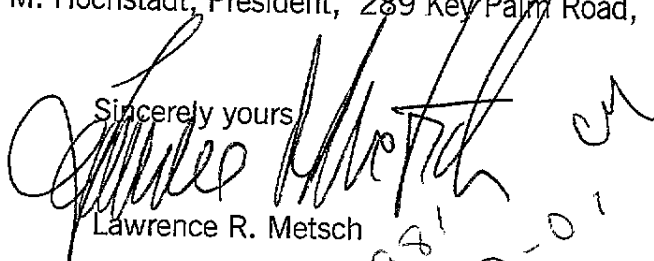
Enclosed are the following items:

- (1) Resignation Of Registered Agent.
- (2) Our check in the amount of \$87.50, drawn payable to the order of the  
Florida Department of State, in payment of your filing fee.

A copy of this letter (with enclosures) has been mailed this date to Mr. Albert M. Hochstadt, the President of Integrated Broadcast Services, Inc., whose address is 289 Key Palm Road, Boca Raton, Florida 33432. In addition, I have this date furnished to Mr. Hochstadt a copy of § 607.0502, Florida Statutes.

Finally, the principal address for Integrated Broadcast Services, Inc., is no longer 1455 N.W. 14<sup>th</sup> Street, Miami, Florida 33125. The new principal address for Integrated Broadcast Services, Inc., is: c/o Mr. Albert M. Hochstadt, President, 289 Key Palm Road, Boca Raton, Florida 33432.

Sincerely yours,

  
Lawrence R. Metsch

Enclosures

CC: Mr. Albert M. Hochstadt

FILED  
01 JUN 22 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

391981  
6-22-01  
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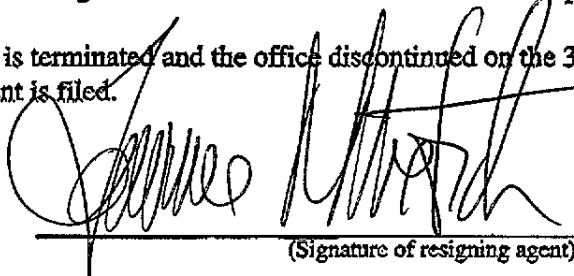
**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Lawrence R. Metsch  
(Name of registered agent)  
Integrated Broadcast Services, Inc.  
hereby resigns as Registered Agent for \_\_\_\_\_  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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01 JUN 22 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314