F01000003319

- (Requestor's Name)					
•					
(Address)					
(Address)					
(1.10.000)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(230)					
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

PA Reso

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	, <u>, , , , , , , , , , , , , , , , , , </u>					
SUBJECT: LUNCH ADVERTISE	NG, INC.		<u>.</u>	-	<u> </u>	
	(Name of C	Corporation	1)			
DOCUMENT NUMBER: F0100	0003319	,			· • · · · · · · · · · · · · · · · · · ·	·
The enclosed Resignation of Registe	red Agent for a	Corporati	on and fee ar	e submitt	ed for filing	ζ.
Please return all correspondence con	cerning this ma	tter to the	following:		_	•
DENISE ZOLLNER						
(Name of Perso	n)	<u> </u>	-			
PARACORP INCORPORATED	,			, land and supple and		
(Name of Firm/Con	npany)	=				
640 BERCUT WAY #A	· · · · · · · · · · · · · · · · · · ·			<u>- ·</u>		<u>.</u>
(Address)						
SACRAMENTO, CA 95814	, ė	<u>-</u>		_ 		**
(City/State and Zip	Code)					
For further information concerning to	his matter, pleas	se call:				
DENISE ZOLLNER	· at ({	300	533-7272 Daytime Tele			
(Name of Person)	(Aı	rea Code &	Daytime Tele	phone Nu	mber)	
Enclosed is a check made payable to or \$35.00 for an administratively dis-	the Florida Der solved, voluntar	partment o rily dissolv	f State for \$8 ved or withdr	37.50 for a awn corp	an active con	rporation
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Se Division of Cor 409 E. Gaines S Tallahassee, FL	ection rporations Street		-		

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 617.1509,
Florida Statutes, the undersigned, PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for LUNCH ADVERTISING, INC.
(Name of Corporation)
F01000003319
(Document Number, if known)
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:
is signing on behalf of an entity.
DENISE ZOLLNER
(Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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