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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DOMINICAN DOMNIVNICATION'S CORP. (Name of corporation)		
DOCUMENT NUMBER: F0/00005777		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
EMIL MANFREDONIA		
EMIL MANFREDOWIA (Name of Person)		
Doninican Communications CORV. (Firm/Company) 2 Bennett Ave, 3rd Th/20T (Address)		
(Finite Company)		
2 Bennett Ave, 3rd on/oor		
(Address)		
New YOLK, NY 10033 (City/State and Zip code)		
(Citý/State and Zip code)		
For further information concerning this matter, please call:		
EMIL MANFREDONIA at (212) 928-4400 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
CORDER ADDRESS. MAILING ADDRESS.		
STREET ADDRESS: Amendment Section MAILING ADDRESS: Amendment Section		
Division of Corporations Division of Corporations		
409 E. Gaines St. P.O. Box 6327		

Tallahassee, FL. 32314

Tallahassee, FL. 32399

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

DOMINICAN COMMUNICATIONS CORP. (Name of Corporation)
(Document Number of Corporation (if known)
New York (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereb voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf an appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation: 2 Bennett Ave, 3rd Troor (Mailing Address)
New YORK NY 10033 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
ELEND 12 A 11185 (Typed or printed name of person signing) Dir. / President (Title of person signing)
FILING FEE \$35