# F0400005473

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### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: AFFILIATE MEDIA (Name of Corporation)
DOCUMENT NUMBER: F04000005423
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WARREN Jolly (Name of Person)
(Name of Person)
AFFILIATE MEDIA, INC. (Firm/Company)
(Firm/Company)
32 DISCOUERY STE 270 (Address)
(Address)
IRVINE Ca 92618
(City/State and Zip code)
For further information concerning this matter, please call:
BROOKE Cole at (714) 596-4000
(Name of Person) (Area Code & Daytime Telephone Number)

#### **MAILING ADDRESS:**

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

#### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

AFFILIATE MEDIA INC (Name of Corporation)		_	
FOHOOO5H23  (Document Number of Corporation (if known)	THE SECTION	2010 APR -	- Services
(Incorporated Under Laws of)		-5 PM  2: 19	
This corporation is no longer transacting business or conducting affairs within the State of voluntarily surrenders its authority to transact business or conduct affairs in Florida.	f Florida	and he	ereby
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of activitime it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:			
32 Discovery Ste 270 (Mailing Address)			
1Ruine Ca 92618 (City/State/Zip)			
The corporation agrees to notify the Department of State in the future of any change in its notification of the corporation agrees to notify the Department of State in the future of any change in its notification of the corporation of the co			_
CEO/	Poss	UDE:	~T

**FILING FEE \$35** 

(Title of person signing)

(Typed or printed name of person signing)