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COVER LETTER

TO: Amendment Section Division of Corpo		
•	ABJ DISTRIBUTO	ORS, INC.
SUBJECT:	(Name of Corpora	<u> </u>
DOCUMENT NUMBER	R: FEIN: 80-070049	6
The enclosed withdrawal	application and fee are submitted for	or filing.
Please return all corresponding matter to the following:	ndence concerning this	
	Paul L. Cevol	i
	(Name of Person))
	Metromedia Co	mpany
	(Firm/Company)	
	810 7th Ave - 2	9th Floor
	(Address)	
	New York, NY	10019
	(City/State and Zip co	ode)
For further information co	oncerning this matter, please call:	
Paul L. Cevoli	at (212	\606-4386
(Name of I Enclosed is a check for th	Person) (Area	Code & Daytime Telephone Number)
₹35 Filing Fee \$43 Cer	.75 Filing Fee & \$43.75 Filing Fettificate of Status Certified Copy (Additional coptions) Enclosed)	Certificate of Status & Certified
Amendmen	f Corporations	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

	ABJ DISTRIBUTO	ORS, INC,
	(Name of Corporation) FI20000	3374 186 186 186 186 186 186 186 186 186 186
	FEIN: 80-0700490	
·	(Document Number of Corporation	(if known)
	DELAWARE (Incorporated Under Laws	The second secon
	(messporated onder 2245	" "
This corp voluntaril	oration is no longer transacting business or conducting a ly surrenders its authority to transact business or conduct	affairs within the State of Florida and hereby affairs in Florida.
appoints	poration revokes the authority of its registered agent in the Department of State as its agent for service of proce t was authorized to transact business or conduct affairs in	ss based on a cause of action arising during
The follo	wing is a current mailing address for the corporation:	
	C/O METROMEDIA COMPANY, 810	7TH AVE, 29TH FLOOR
-	(Mailing Address)	
_	NEW YORK, NY 100	19
	(City/ State /Zip)	
The corpo	oration agrees to notify the Department of State in the fut	ure of any change in its mailing address.
(Si	ignature of a director, president of other officer - if in the hands of a seceiver or other court appointed fiduciary, by that fiduciary)	/2 - 31 - 15 (Date)
E	Barbara Leber	Vice President
	(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35