F1300000 4599

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(requestors marrie)
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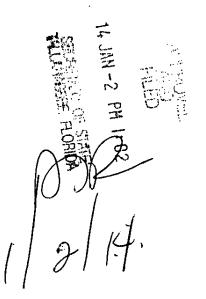
Withdrawal

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TO: Amendment Section Division of Corporations
SUBJECT: CMI Entertain ment, Inc (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: F 1300000 4599
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VINCENT Mitchell
(Name of Person)
CMI Entertainment, Inc.
(Firm/Company)
1131 Mistwood Drive
(Address)
(City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (\$76) 944-7393 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING 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

F 13 0000 0 459 9 (Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	- No. 10
(Incorporated Under Laws of)	-
(Incorporated Under Laws of)	夏州 25
This corporation is no longer transacting business or conducting affairs within the Stavoluntarily surrenders its authority to transact business or conduct affairs in Florida.	ate of Florida and hereby
This corporation revokes the authority of its registered agent in Florida to accept s appoints the Department of State as its agent for service of process based on a cause the time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
1/3/ Mistwood Prive	
(Mailing Address)	
Tarpon Springs, FL 34	688
(City/State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in	its mailing address.
	2/14
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	Date)
	deat
(Typed or printed name of person signing) (Title of	person signing)