## 09000000





**600004646176--4** -10/22/01--01011--005 \*\*\*\*\*35.00 \*\*\*\*\*35.00

	PARACORP  Mationwide Registered Agonts	Office U	se Only
(	PO Box 160568 Sacramonte CA 95814-0568	BER(S), (if known	):
1	(Corporation Name)	(Document #)	<u> </u>
2	(Corporation Name)	(Document #)	OI OC
3	(Corporation Name)	(Document #)	FILED T 19 PM ETARY OF HASSEE, F
4.	(Corporation Name)	(Document #)	D OF STATE S, FLORID
_	llk in Pick up time il out Will wait		ertified Copy ertificate of Status
Lim	fit for Profit ited Liability nestication	AMENDMENTS  Amendment Resignation of R.A., Offi Change of Registered Ag Dissolution/Withdrawal Merger	
OTHER FILINGS  Annual Report Fictitious Name		REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

**Examiner's Initials** 

T BROWN OCT 2 3 2001

## RESIGNATION OF REGISTERED AGENT

OIOCTIO PH 3:50
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PARACORP INCORPORATED (Name of registered agent)
hereby resigns as Registered Agent for INTERACTIVE CABLE SYSTEMS, INC. (Name of corporation)
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:
DENISE ZOLINER (Typed of Printed Name)
ASSISTANT SECRETARY
(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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