Requester's Name Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 300007419493--08/29/02--01023--008 3. (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified Copy Pick up time Photocopy Mail out Will wait ☐ Certificate of Status **NEW FILINGS AMENDMENTS** ■ Profit Amendment // Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark 2 Other

CR2E031(7/97)

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Examiner's Initials

OZAUG 29 AM 9:37
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 66	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	
	(Name of registered agent)
hereby resigns as Registered Agent for	ON STAGE ENTERTAINMENT, INC.
	(Name of corporation)
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
	mature of resigning agent)
If signing on behalf of an entity:	
***************************************	NISE ZOLLNER yped or Printed Name)
AS	SSISTANT 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