

F96000001797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

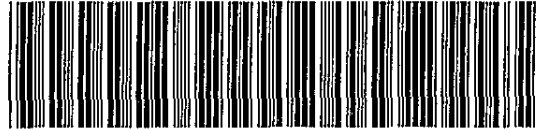
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** One 2 One, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F96000001797

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Marie Lacomba  
(Name of Person)

Applied Graphics Technologies, Inc.  
(Firm/Company)

450 West 33rd Street  
(Address)

New York, NY 10001  
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anne Marie Lacomba at ( 212 ) 716-6726  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

One 2 One, Inc.

(Name of Corporation)

Delaware

(Incorporated Under Laws Of)

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SECRETARY OF STATE

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

c/o Applied Graphics Technologies, 450 W. 33<sup>rd</sup> Street

(Mailing Address)

New York, NY 10001

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Bonni L. Kingsley

Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Assistant Secretary

Title

Bonni L. Kingsley

Typed or printed name

6/11/04

Date