

F99000003399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

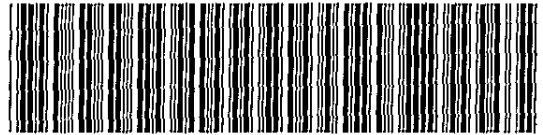
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03 APR 28 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CYBERVILLE STUDIOS, INC.
(Name of corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this
matter to the following:

SANDOR BANK
(Name of Person)

CYBERVILLE STUDIOS, INC.
(Firm/Company)

145 HILLCREST AVE, SUITE 1204
(Address)

MISSISSAUGA, ONT. L5B 3Z1 CANADA
(City/State and Zip code)

For further information concerning this matter, please call:

SANDOR BANK at (905) 896-7952
(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

FILED
03 APR 28 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

CYBERVILLE STUDIOS INC.
(Name of Corporation)

DELAWARE

(Incorporated Under Laws Of)

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.

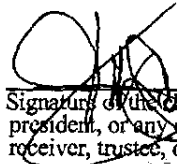
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

145 HILLCREST AVE, SUITE 1204
(Mailing Address)

MISSISSAUGA, ONT. L5B 3Z1 CANADA
(City/ State /Zip)

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



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.

PRESIDENT
Title

SANDOR BANK

Typed or printed name

APRIL 21/2003
Date

FILED
03 APR 28 PM 4:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA