## Requester's Name

City/State/Zip

Phone #

700004738737—-1 -12/26/01--01053--005 \*\*\*\*\*\*35.00 \*\*\*\*\*\*

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1							
(Corporation Name)	(Document #)						
Corporation Name)	(Document #)						
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4(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Certified Copy Copy Copy Copy Copy Copy Copy Copy						
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger						
OTHER FILINGS  Annual Report Fictitious Name	Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other						

CR2E031(7/97)

## OFFICER / DIRECTOR RESIGNATION

	Ι,	ROY	BRESK)	7		, hereby	/ resign as_	Direc	tor/Se	creta	.ry	<del></del> -
rija.	'of	STA	<u> TEWIDE</u>	BROADC	ASTING O		HASSEE,	INC.				 
101 94 13	a corp	oration	ı organize	d under the	e laws of the	State of	Flor	<u>ida</u>	- A CAST OF C		0	-
	and af	firm th	at the cor	poration h	as been notifi	ed in writin	g of the resi	gnation.		ORETARY AHASSE	DEC 26	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	•	, ,		,	(Signature	Busk of resigning	officer/director	or)	<del></del>	OF STAIL	80 :11 HV	J

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314