

L88179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

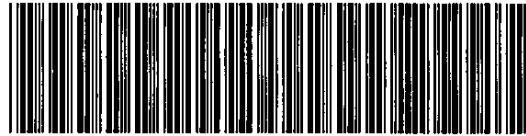
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TALLAHASSEE, FLORIDA

Krin

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Media Associates Research Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** L88179

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. C. Dockery  
(Name of Person)

Media Associates Research Corporation  
(Name of Firm/Company)

P.O. Box 2805  
(Address)

Lakeland, Florida 33806  
(City/State and Zip Code)

For further information concerning this matter, please call:

C.C. Dockery at ( 863 ) 665-6252  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

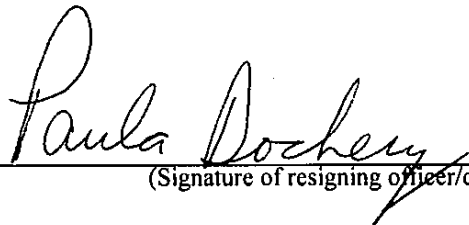
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Paula Dockery, hereby resign as Director  
(Title)

of Media Associates Research Corporation,  
(Name of Corporation)

L88179, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314