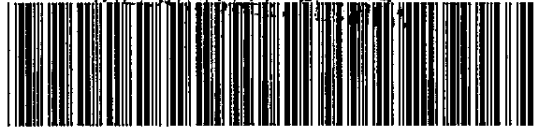


700070880197

2006 APR 20 P 1:57

SECRETARY OF STATE  
TALLAHASSEE, FL 32399



700070880197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MALLARD CABLEVISION, L.L.C.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M00000000087

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Carter  
(Name of Person)

National Corporate Research, Ltd.  
(Name of Firm/Company)

615 South DuPont Highway  
(Address)

Dover, DE 19901  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Carter at ( 800 ) 483-1140  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**FILED**  
2006 APR 20 P 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

**FILED**  
2006 APR 20 P 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

NATIONAL CORPORATE RESEARCH, LTD., hereby resigns as  
(Name of Registered Agent)

Registered Agent for MALLARD CABLEVISION, L.L.C.

\_\_\_\_\_  
(Name of Limited Liability Company)

M000000000087

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Wayne Rafanelli  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Wayne Rafanelli

(Typed or Printed Name)

Vice President

(Capacity)

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314