Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002689953)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052

Phone Fax Number : (302)531-0855 : (850)656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION SPOTIME MEDIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

D. BRUCE

DEC 17 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H10000268995 3)))

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: SPOTIME MEDIA LLC	
(Name of Limited Liability Company)	
DOCUMENT NUMBER: M01000002241	
The enclosed Resignation of Registered Agent for a Limited Liability Company a for filing.	nd fee are submitted
Please return all correspondence concerning this matter to the following:	,
EDIE WHITEBREAD	È. 3
(Name of Person)	O DEC
INCORPORATING SERVICES, LTD.	معدمون — جي جي
(Name of Firm/Company)	SEE 6
1540 GLENWAY DRIVE	FIGURE OF
(Address)	
TALLAHASSEE, FL 32301	9: 5
(City/State and Zip Code)	
For further information concerning this matter, please call:	
EDIE WHITEBREAD at (302) 531-0855	•
	Number)

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

DNH317(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.50	9. Florida Statutes, the undersigned,	
INCORPORATION	NG SERVICES, LTD.	, hereby resigns as	
	(Name of Registered Agant)		
Registered Agent for	SPOTIME MEDIA LLC		
	(Name of Limited Liability C	Company)	 ,
M01000002241			
(Document N	umber, if known)		
A copy of this resigna	tion was mailed to the above listed li	mited liability company at its last known addre	ess.
The agency is termina	ted and the office discontinued on the	e 31st day after the date on which this statement	nt is filed.
If signing on behalf of		ي .	
	CANDICE SWETLAND	i.	70
	(Typed or Primed ASSISTANT SECRETARY	The state of the s	10 DEC
	(Capacity)	EE. FLOR	6 1110
	pri irio pepo.	TO _A	05

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company