## N03000001792

•	
(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
]	





600014673276

03/27/03--01064--002 \*\*35.00

RETARY OF STATE AHASSEE, FLORIDA

CRETARY OF STAT

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	3
SUBJECT: The Extended Cl	assroom, Corp.
	(Name of Corporation)
DOCUMENT NUMBER: N	10300001792
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Ellen Korn	
(Name of	Person)
The Extended Classroom, C	Corp.
(Name of Firm	/Company)
500 S. Australian Avenue, S	ite. 730
(Addre	ess)
West Palm Beach, FL 3341	1
(City/State and	1 Zip Code)
For further information concerni	ing this matter, please call:
James Ring	at (561) 835-6880  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 n	nade payable to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahaccaa El 32314	Tallahagaaa El 22200

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 03 MAR 27 AM 10: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T Ellen Korn	, hereby resign as Secretary
<u> </u>	(Title)
of_ The Extended Classroom, C	
(Na	me of Corporation)
NO300001792 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	<del>.</del>
Del	(Signature of resigning officer/director)

## 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