

No3000001906

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PARALEGAL, CORPORATE DEPARTMENT
North Eola Drive Office
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E-mail: gail.andre@lowndes-law.com

October 25, 2005

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

7004 2510 0001 4329 6712

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

**Re: THE INSTITUTE FOR PLAY, INC.
Charter No. N03000001906**

Dear Sir/Madam:

Enclosed herewith please find the Resignation of Registered Agent for the above-referenced corporation, together with our firm's check number 177633 payable to the Florida Department of State in the amount of \$87.50 representing the filing fee.

Please file upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
Matthew R. O'Kane

GSA/cj
Enclosures
c: Matthew R. O'Kane, Esquire
00141095/0877764/883001/2

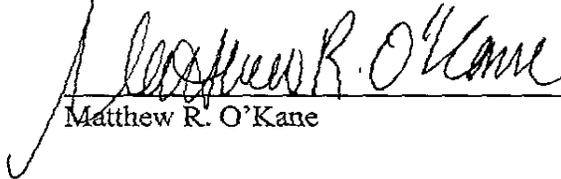
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RESIGNATION OF REGISTERED AGENT

I, MATTHEW R. O'KANE, hereby resign as Registered Agent of **THE INSTITUTE FOR PLAY, INC.**, Charter No. N03000001906, whose last registered office is located at 215 North Eola Drive, Orlando Florida 32801, said resignation to be effective seven (7) days from the date hereof.

I hereby certify that on this 18th day of October, 2005, I have mailed a copy of this notice by certified mail, return receipt requested to The Institute for Play, Inc., to the corporation's principal address at 46 West Garzas Road, Carmel Valley, California 93924, and to the corporation's mailing address at 122 Viki Court, Scotts Valley, California 95066.


Matthew R. O'Kane

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me
this 18th day of October, 2005
by Matthew R. O'Kane who is personally
known to me ~~or who produced~~

_____ as identification.



Gail S. Andre'
MY COMMISSION # DD093977 EXPIRES
April 14, 2006
BONDED THROUGH TROY FAIR INSURANCE, INC

Gail S. Andre'

Printed Name:
Notary Public, State of Florida
Commission Number: _____
My Commission Expires: _____