Division of Corporations Public Access System

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(((H04000218904 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name : Katz Barron Squitero Faust

Account Number : 072627002473

Phone : (305)856-2444

Fax Number : (305)285-9227

## REGISTERED AGENT RESIGNATION

MUSICAL CENTER INTERNATIONAL, INC.

Certificate of Status	0
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11/2/2004

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: MUSICAL CENTER INTERNATIONAL, INC. (Name of Corporation)
DOCUMENT NUMBER: P00000005987
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anna Krimshtein
(Name of Person)
Katz Barron Squitero Faust
(Name of Firm/Company)
2699 S. Bayshore Drive, 7th Floor
(Address)
Miami, FL 33133 (City/State and Zip Code)
For further information concerning this matter, please call:
ros fusibles information concessing this matter, prease cats.
Anna Krimshtein at ( 305 ) 856-2444  (Name of Person) (Area Code & Daytime Telephone Number)
(Additional Control of the Control o
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Street Address: Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314 Tallahassee, FL 32399

CR2E046(11/02)

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From-Katz Baron Squitero & Faust, P A.

MATE DESCRIPTION OF STREET, S. S.

Fax Audit Number: H040002189043

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Corpco, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for MUSICAL CENTER INTERNATIONAL, INC. (Name of Corporation)
P0000005987
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Exica L. English (Typed of Printed Name)
Vice President
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

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