.P0000025958

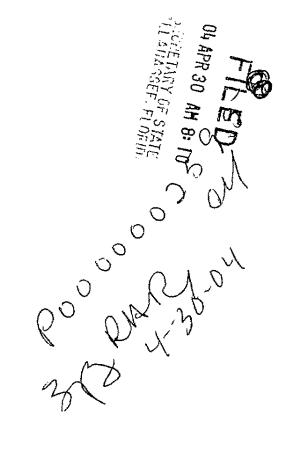
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
Openier maradulatis to 1 ming Officer.	
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Office Use Only



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04/28/04-01049-011 **87.50



TRANSMITTAL LETTER

SUBJECT:	Powe	er Play, Inc.		a *		· · · · · · · · · · · · · · · · · · ·
		(Name of Corpor	ation)		·	
DOCUMENT NUMBER	R: P000000	25958		<u> </u>	•	
The enclosed Resignation	of Registered A	Agent for a Corpo	oration and fee are	submitted for fil	ino.	
Please return all correspon	•				-	
rease retain an correspon	ndence concern	ing uns maice to	the following.			
Paul A. Krasker			in .			<u></u>
(Na	ime of Person)					
Moyle, Flanigan	et al.					
(Name	of Firm/Company	/ /	<u> </u>	•	`. •	
COE N						
625 N. Flagler D	(Address)	oor		Leavery 1 to 1 t		
	,,					
West Palm Beach,	F1 33401	•				
(City/St	ate and Zip Code)		. wf	* * ***	
For further information co	oncerning this m	atter, please call:				
•		, p				
Paul A. Krasker, I		at(561) 659-7500		•	7
(Name of P	erson)	(Area Coo	le & Daytime Telepi	none Number)		

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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Paul A. Krasker	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Power Play, Inc.	
hereby resigns as respected regime for	(Name of Corporation)	
P00000025958		
(Document Number, if known)		
A copy of this resignation was mailed to	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	ee discontinued on the 31st day after the date on which	-
	RL	
(S	Signature of Resigning Agent)	
If signing on behalf of an entity:	APR 30 ARETARY AHASSE	
	(Typed or Printed Name)	m
	8: 10 ORIN	O
· · · · · · · · · · · · · · · · · · ·	(Capacity)	the second second

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