P0000039146

(Requestor's Name)
(Address)
(Address)
,
(C) (C) (T) (T) (T)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cortificat Coning Cortificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100014083591

03/19/03--01014--014 **35.00

03 MAR 19 AM II: 03
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

38 010 Res. 3/27/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MEDIA WC. (Name of Corporation) DOCUMENT NUMBER: PO000039146
DOCUMENT NUMBER: 1000000 39146
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mary Dinical
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company) Po. Lox 22081
(Address)
(Address) HOLY WOOD FL 33022 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (954) 709 8070 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Mary Duncan hereby resign as RES LACAT. (Title)	<u></u>		
of	e of	_,	
PLORINA.			
(Signature of resigning officer/director)	SECRETAR TALLAHASS	03 MAR 19	FILED
FILING FEE IS \$35.00	Y OF STATE SEE, FLORIDA	AM 11: 03	ED

Make checks payable to Florida Department of State and mail to:

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