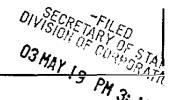
## P0000065259



, (Reque	stor's Name)	
(Addres	ss)	···
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(City/St	ate/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	)
(Docun	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	g Officer:	

Office Use Only



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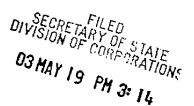
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: JOHNY VIDEO CORPORATION (Name of Corporation)
(rame of Corporation)
DOCUMENT NUMBER: P00000065259
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:
Eliset Hernandez (Name of Person)
Johny Video Corporation
(Name of Firm/Company)
4042 West 12th Avenue
(Address)
Hialeah, FL. 33012
(City/State and Zip Code)
For further information concerning this matter, please call:
Eliset Hernandez at (305 828-2200 (Name of Person) (Area Code & Daytime Telephone Number)
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:  Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO: Amendment Section

## 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, Adrian Huet
(Name of Registered Agent)
hereby resigns as Registered Agent for Johny Video Corp.
(Name of Corporation)
P0000065259
(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.
Adrian Huet (Typed or Printed Name)
Registered Agent
(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