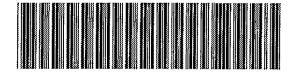
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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Lipin Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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SECRETARY OF STATE DIVISION OF CORPORATIONS

RA Resign. 12/02/02

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Captivad Media Corporation (Name of Corporation)
DOCUMENT NUMBER: P0100000 289
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:
Edward H. Gilbert (Name of Person)
E. H. G. Resident Agents, Inc. (Name of Firm/Company)
5100 Town Center Ci., Suite 430 (Address)
Boca Raton, FL 33486 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Shvayts man at (561) 734-8051 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, E.H. G. Resident Agents, Inc. (Name of Registered Agent)	
hereby resigns as Registered Agent for <u>Captivad Media Corporation</u> (Name of Corporation)	
(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:	
Educard H. Gilbert (Typed or Printed Name)	DIVISION C
President (Capacity)	ARY OF STATE

<u>Fee for filing this document:</u> \$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