## P01000040610

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	· #)			
_					
PICK-UP	TIAW	MAIL			
(Bu	isiness Entity Nam	ne)			
(Do	cument Number)				
,					
Certified Copies	: Certificates of Status				
Chariel Instructions to	Ciling Officer:				
Special Instructions to	riling Officer.				
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09 JUN 25 AM 10: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M Resign C.COULLIETTE JON 26 2009 EXAMINER

## **COVER LETTER**

	Amendment Section Division of Corporations	
	CCT: Starfight Productions, Inc. (Name of Corporation)	
DOCU	MENT NUMBER: <u>P01000040610</u>	
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for	r filing.
Please i	return all correspondence concerning this matter to the following:	
	Awon M. Jacobs (Name of Person)	
	(Name of Person)	
10	(Name of Firm/Company)	
	2107 W. Cass Street, Suite C (Address)	
	Tunpa FL 33606 (City/State and Zip Code)	
For fur	ther information concerning this matter, please call:	
	(Name of Person) at (8/3) 871-1465 (Area Code & Daytime Telephone Nu	<u> </u>
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.	

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>Aaron</u>	M. Jacobs	, hereby resign a	s	P (Title)	
of	Star Fight	Productions:	Inc.		_,
POIDOO	VILAC In	_, a corporation organized		the State of	
Florida					
	(§	ignature of resigning officer/dia	rector)	O9 JUN 25 AM 10: 56 SECRETARY OF STATE TAILUAHIASSEE, FLORIDA	

FILING FEE IS \$35.00

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

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