P01000083944

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

Office Use Only



900046256399

OS FEB II AM 8: 08

LLINE PASSEE, FLORIDA

02/11/05--01025--003 **35.00

ox of

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Infinite Entertainment AV INC. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Cynningham (Name of Person)
Infinite Entertainment AV Inc. (Name of Firm/Company)
3950 Fieldview Way
Wellington Fl. 33414 (City/State and Zip Code)
For further information concerning this matter, please call:
Mark Cunningham at (561) 723-6747 (Name of Person) at (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Mark	Cunningham, he	reby resign as_	Preside.	<u>1</u>		
of Infinite	Enter tainment (Name of Corporati	f AV	Inc.			
Florida	Manh A Cum	organized under	the laws of TARY OF STATE TORIDA B B	SFEB I F		
ETT INC EFE IS \$25 00						

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

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