P0200025273

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-----------|
| (Addı | ress) | |
| (Addı | ress) | <u>-</u> |
| (City/ | State/Zip/Phone | o#) |
| PICK-UP | MAIT | MAIL |
| (Busi | ness Entity Nan | ne) |
| (Doct | ument Number) | <u> </u> |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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10/21

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: OnlyArtists.com, Inc. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P02000025273 |
| 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: |
| Steven C. Lee, Esq. |
| (Name of Person) |
| Dean Mead |
| (Name of Firm/Company) |
| P. O. Box 2346 |
| (Address) |
| Orlando, FL 32802-2346 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Mary Fendle at (407) 428-5119 (Area Code & Daytime Telephone Number) |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, 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, Dean Mead Services, LLC (Name of Registered Agent) | |
| hereby resigns as Registered Agent for OnlyArtists.com, Inc. (Name of Corporation) | |
| P02000025273 | |
| (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: | 10 TO SERVICE STATE OF THE PERSON NAMED IN COLUMN 1 |
| Steven C. Lee | 77 |
| (Typed or Printed Name) | |
| Vice President | |
| (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
Tellahassee, FL 32314