Po2 000 47498 Requester's Name

245 N. Ocean Blvd #202 Deerfuld Beach FL 3344/

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1			***	(2)	<u>-</u>	·		
	(C	orporation Name)		(Document #)	l			
Corporation Name)			(Document #)					
(Corporation Name)			(Document #)					
4		orporation Name)		(Document #)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
☐ Wal		Pick up time _			Ţ	Certified Cop	2002 I	SEC
☐ Mai	l out	☐ Will wait		Photocopy		Certificate of		PRETAF
NEW FILINGS Profit			AMENDMENTS Amendment Resignation of R.A., Officer/Director					
Not for Profit Limited Liability Domestication Other			Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger					TIONS
<u>OTHER</u>	FILIN	<u>GS</u> .	RE	GISTRATION	N/QUA	LIFICATION		
Annual Report Fictitious Name				Foreign Limited Partn Reinstatement Trademark Other				

CR2E031(7/97)

Hier Director

Examiner's Initials

10/21/02

OFFICER / DIRECTOR RESIGNATION

I, MICHAEL C. WHEELER, hereby resign as DIRECTOR (Title)
of DIGITAL CAVEMAN TNC, (PO2000047498), (Name of Corporation)
a corporation organized under the laws of the State of FLORIDA
and affirm that the corporation has been notified in writing of the resignation.

(Signature of resigning officer/director)

FILED STATENS SION OF CORPORATIONS

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314