

P02000047617

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4/14/03
2/10/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIPLE PLAYS OF JACKSONVILLE, INC.
(Name of Corporation)

DOCUMENT NUMBER: POZ000047617

The enclosed Officer/Director Resignation for a Corporation and fec are submitted for filing.

Please return all correspondence concerning this matter to the following:

JON MROZ
(Name of Person)

TRIPLE PLAYS OF JACKSONVILLE, INC.
(Name of Firm/Company)

7605 BEACH BLVD.
(Address)

JACKSONVILLE, FL. 32216
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN R. MANN at (904) 745-6460
(Name of Person) (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**

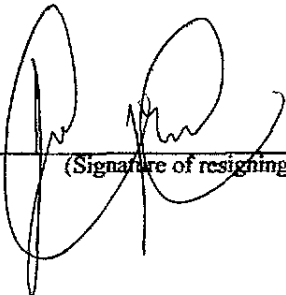
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, JON MROZ, hereby resign as OFFICER, DIRECTOR, TREASURER & SECRETARY
(Title)
of TRIPLE PLAYS OF JACKSONVILLE, INC.
(Name of Corporation)

P02000047617, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director) 4/10/03

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