PO200061848

(Requestor's Nam e)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
_	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
,	
Certified Copies Certificates of Status	
OSIAMON OSIAMO	_
	7
Special Instructions to Filing Officer:	
	l
	┙

Office Use Only



000046255130

05 FEB 14 PM 12: 06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

02/14/05--01053--021 **35.00

OF PA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ATLANTIC INTERACTIVE HEDIA, INC. (Name of Corporation)
DOCUMENT NUMBER: P02 000061848
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:
SUVI HYYARINEN (Name of Person)
ATLANTIC FULCEUM, INC. (Name of Firm/Company)
5112 ARBOR GLEN UR. (Address)
LAKE WORTH FE 33463 (City/State and Zip Code)
For further information concerning this matter, please call:
SUVI HYVACINED at (561) 965 2416 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ATLANTIC FULCRUM INC . (Name of Registered Agent)
hereby resigns as Registered Agent for ATLANTIC INTERACTIVE HEDIA, INC. (Name of Corporation)
P0200061848 (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 of which this statement is filed. Let Yp SER T
(Signature of Resigning Agent) If signing on behalf of an entity: SUVI HYVARINEN (Typed or Printed Name)
VICE PRECIDENT (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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Tallahassee, FL 32314