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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Theatrexperience, INC, (Name of Corporation)
DOCUMENT NUMBER: <u>70200066805</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DOMINICK R. TERRITO (Name of Person)
Theatrexperience. (Name of Firm/Company)
6845 SW 14th ST. (Address)
PEMBROKE PINES, FE 33023 (City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL D. CRONIN at (239) 656-4768 (Name of Person) (Area Code & Daytime Telephone Number)
(Maine of Ferson) , (Area Code & Daytine Telephone Mulhoel)

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

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MICHAEL D. CRONIN hereby resign as VICE PRE	Siden	7	
of Theatrexperience Inc. (Name of Corporation)		>	
Po2000 (605 a corporation organized under the laws of the (Document Number, if known)	State of		
FLORIDA			
Michael Cronne (Signature of resigning officer/director)			
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FILING FEE IS \$35.00	- fr		

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

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