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(Re	equestor's Name)	
(Address)		
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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Certified Coples	Certificates	of Status
Special Instructions to Filing Officer:		
		

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Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Ladies/Gentlemen:

Please file the enclosed resignations as soon as possible. If it is faster, I am also authorizing you to charge my credit card VISA 4115-0715-9720-8847 Exp 05/04 with the sum of US\$70.00 and with your confirmation of the filing return the voided checks.

Sincerely,

Victor Robledo Secretary

FILED

02 OCT 28 PM 12: 04

ALLAHASSEE FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, VICTOR ROBLEDO, hereby resign as TREASURER (Title)
OF THEATER ONE CORPORATION
(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.
Victo Valled.
(Signature of resigning officer/director)

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