

PO300002402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

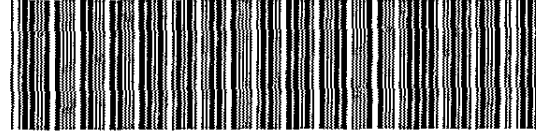
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600081570536

11/09/06--01010--020 **35.00

FILED
06 NOV -9 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K7117
OFF design

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ProMedia Production Group Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000002402

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

Please return all correspondence concerning this matter to the following:

Giove Pici

(Name of Person)

2775 Cabernet Cr

(Name of Firm/Company)

Ocoee

(Address)

FL 34761

(City/State and Zip Code)

For further information concerning this matter, please call:

Giove Pici

(Name of Person)

at (407) 947-2590

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Giove Pici, hereby resign as SD
(Title)

of Promedia Production Group Inc.
(Name of Corporation)

P03000002402, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Grove Pici
(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
06 NOV -9 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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