## 70300086000

(Re	questor's Name)			
(Address)				
(Ad	dress)	<del></del>		
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		1		
,				

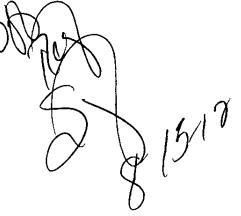
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: Polar Productions Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000086000
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Ken	neth S Kholos
,	(Name of Person)
Pola	ar Productions Inc.
	(Name of Firm/Company)
125	3 Stirling Rd
	(Address)
Dar	nia Beach Fl 33004
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Ken	neth S Kholos at ( 954 ) 927-2575  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _Kenneth S Kholos	, hereby resign as Secr	retary 🐉 🚜	
		(Title)	
of Polar Productions Inc.			
(Nam	ne of Corporation)	~	
P03000086000	_, a corporation organized under the laws of the State of		
(Document Number, if known)	, u torporazion organizou undoi un		
Florida	•		
	·		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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