(Re	equestor's Name)	·
(Ad	ldress)	····
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	· ·	

Office Use Only



400126264424

04/29/08--01015--017 ++35.00

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MILAN PRODUCTIONS (Name of Companion)
(Name of Corporation) DOCUMENT NUMBER: P03000123302
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KEVIN MARSHALL
(Name of Person)
MILAN PRODUCTIONS
(Name of Firm/Company)
8551 W. SUNRISE BLVD
(Address)
PLANTATION, FL 33322
(City/State and Zip Code)
For further information concerning this matter, please call:
KEVIN MARSHALL at (954) 748 2168 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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, VALERIE J NERDAN-EBANK	, hereby resign as DIRECTOR	
, <u> </u>	(Title)	
of_MILAN PRODUCTIONS		
(Name	of Corporation)	
P03000123302 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Jale 18	Signature of resigning officer/directory Signature of resigning officer/directory TALLAHASSEE, FLORIDA	

FILING FEE IS \$35.00

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

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