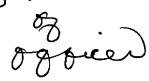
## P03000127168

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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08/16/04--01030--021 \*\*35.00



8/20/04

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: OT SPORTS, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>403000127168</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:
AMY BEUCHER (Name of Person)
(Name of Firm/Company)
1900 VAN BUREN ST. #221 (Address)
HOUYWOOP, Fr. 33020 (City/State and Zip Code)
For further information concerning this matter, please call:
ANY BENCHER at 954, 924-8224  (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

## OFFICER / DIRECTOR RESIGNATION - FILED FOR A CORPORATION 04 AUG 16 AM 11: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, CYNTHIA CABP	ERA_	, hereby resign a	s CEO
			(Title)
of OT SPORTS,		~ •	
— (Na	me of Corporat	tion)	
P0300127-168 (Document Number, if known)	, a corpo	oration organized u	under the laws of the State of
FLORIDA			

(Signature of resigning officer/director)

## 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