P04000009660

• •	
(Requestor's I	Vame)
(Address)	
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(, ,
(D-2002-0-i N	
(Document No	inibei}
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	or.
Special instructions to ming Onic	CI.
	ļ
	manifestivation of the state of

Office Use Only



800041163828

09/21/04--01032--011 **





port arm or our or

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HRA MUSICAL INSTRUMENTS, INC. (Name of Corporation)
DOCUMENT NUMBER: P0400009660
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DON WOOD (Name of Person)
HARD ROCK ACADEMY (Name of Firm/Company)
1000 UNIVERSAL STUDIOS PLAZA BUILDING 22-A (Address)
ORLANDO FL 32819 (City/State and Zip Code)
For further information concerning this matter, please call:
DON WOOD at (407) 224-6214 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.	1509,	
Florida Statutes, the undersigned, SC	OTT E. JOHNSON, ESQ.		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	HRA MUSICAL INSTRUMENTS, INC.		
P0400009660	<u>-</u>	سراد	- ,
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last know	vn address	
this statement is filed.	discontinued on the 31st day after the date of a state of Resigning Agent)	O4 SEP 24 AM	
	Typed or Printed Name)	STAGE	
(typed of Frinced Name)	. ,	
, c , c <u> </u>	(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314