10400017264

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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IALLAHASSEE. FLORIDA

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: BU MEDIA, TWC. (Name of Corporation)
DOCUMENT NUMBER: <u>PO400017264</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:
FD 6AR REYES (Name of Person)
(Name of Firm/Company)
10026 Hammaks Blud 1210 (Address)
Miami, TC 33196 (City/State and Zip Code)
For further information concerning this matter, please call:
EDGAL ROYES at (305) 3806513 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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LLAHASSEE, FLORIDA

, EDGAL REYES	hereby resign as (Title)
of BU MEDIA	TNC . e of Corporation)
P04000017264 (Document Number, if known)	, a corporation organized under the laws of the State of

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