## P04000099188

(Requestor's Name)		
(Address)		
(Address)		
(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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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SUBJECT: Name of Corporation)
DOCUMENT NUMBER: PO 40000 99 188
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH AMINOFF (Name of Person)
LAW Offices of JOSEPH AMINOFF. (Name of Film/Company)
407 LINEOLN ROAD SUITE 9A (Address)
MIAMI BEACH, FL 33/34 (City/State and Zip Code)
For further information concerning this matter, please call:
TOSETH AMINOH at (305) 354-7500 (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, YEHEZKEL MAHLEB hereby resign as 1	RESIDENT
of SIGITAL UNIVERSE INC.  (Name of Corporation)	(inte)
(Name of Corporation)  10 4000099188, a corporation organized under the (Document Number, if known)	ne laws of the State of
Fioring.	S SEP 26 SECRETASS
	26 M 8 1
(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