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SECRETARY OF STATE DIVISION OF CORPORATIONS

02/24/05--01011--013 **35.00

10/1 Resign.

5/2/05

DC

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Starcon Hospitality (Name of Corporation)
DOCUMENT NUMBER: 24-0099860
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KARL BOURNE (Name of Person) Starcom Hospitality (Name of Firm/Company) 1730 Blossomwood Ln (Address) ORlando FL 32318 (City/State and Zip Code)
For further information concerning this matter, please call:
Karl Bourne at (407) 367-9470 (Name of Person) (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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CERLEEN BOURNE, hereby resign as VIC	e freside	nt
of Storcom Hospitality,] (Name of Corporation)	Inc.	> .
26-0099860 a corporation organized under the law	ws of the State of	
- Florida		-
(Signature of resigning officer/director)	05 FEB 24	SECRETARY DIVISION OF CO
FILING FEE IS \$35.00	PH 3: 58	OF STATE ORPORATION

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

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