

P04000163497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

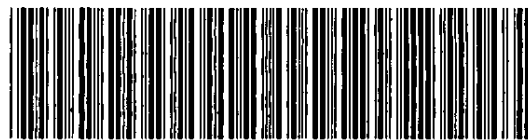
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resign
Erin Murphy
11/30/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: City Networks, Inc
(Name of Corporation)

DOCUMENT NUMBER: 704000163497

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jessei Medina
(Name of Person)

City Networks, Inc
(Name of Firm/Company)

5401 SW 112 Ave Suite B
(Address)

Miami, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessei Medina at (786) 506-3634
(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, Carlos Medina, hereby resign as Director
(Title)

of City Networks, INC.
(Name of Corporation)

PD4000163497, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Carlos Medina
(Signature of resigning officer/director)

07 NOV 30 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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