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(F	Requestor's Name)					
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PICK-UP	MAIT	MAIL				
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Certified Copies	Certificates of	Status				
Special Instructions t	to Filing Officer:					
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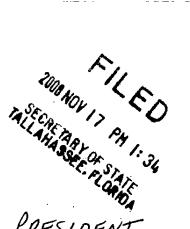
2008 NOV 17 PM 1: 34 SECRETARY OF STATE

officer Resignation
TB (12005)

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BISON OPTICAL DISC IN (Name of Corporation)
DOCUMENT NUMBER: <u>Po 4000167073</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:
SANDRA CLEEVELEY (Name of Person)
BISON OFTICAL DISC IN C (Name of Firm/Company)
803 S. ORLANDO AVE, SUITE J, (Address)
WINTER PARK FL 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
JOHN CLEEVELEY at (407) 770 6900 X 202 (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, CHAR	LES FR	Y	_, hereby resign as_	VICE	PRESIDENT (Title)
of	160N	O PTICAL (Name of Corporati	DISC	111 0	,
_		073_, a corpo			
<u>FLO</u>	RIDA	·		·	· ·
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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