P05000095366

	(Requestor's Name)	
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	(City/State/Zip/Phone	#)
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(Business Entity Name)		
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COVER LETTER.

TO:	Amendment Section Division of Corporations
SUBJ	ECT:New Vision Media (Name of Corporation)
DOCU	UMENT NUMBER: P05000095366
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
A	Aida L. Cancel
	(Name of Person)
N	ew Vision Media
•	(Name of Firm/Company)
17	85 Willa Circle
	(Address)
Wi	inter Park, FL 32792
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Lui	s A. Cancel _{at (} 407) 677-7474
	S A. Cancel at (407) 677-7474 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division Clifton 2661 E	Address: Iment Section On of Corporations Building Executive Center Circle Section Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Aida L. Cancel	, hereby resign as Treasurer	
· · · · · · · · · · · · · · · · · · ·	(Title)	
New Vsion Media, Inc.		
(Nan	ne of Corporation)	
P05000095366 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	 •	
	7 de La Caral	
	(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