

PO60DDDD49403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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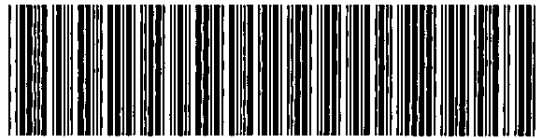
(Business Entity Name)

(Document Number)

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07 OCT 18 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 22 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** E.P.N Production And Entertainment, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000049403

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLORISTAL, LOUIXENE  
(Name of Person)

E.P.N. Production And Entertainment INC  
(Name of Firm/Company)

20160 N.E 3<sup>rd</sup> St apt #1  
(Address)

miami, FLORIDA 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

FLORISTAL, LOUIXENE at (305) 469 5198 OR (305) 493 9688  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

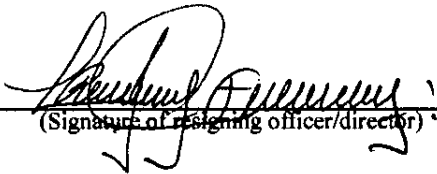
**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
07 OCT 18 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, FLORISTAL LOUIXENE, hereby resign as VD  
(Title)  
of E.P.N. PRODUCTION + ENTERTAINMENT, INC.  
(Name of Corporation)  
PO6000049403, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

  
(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