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COVER LETTER

SUBJECT: Digital Film Work Inc (Name of Corporation)
DOCUMENT NUMBER: POTOGOOSH95H
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person)
Digital Film Wolk Inc. (Name of Firm/Company)
(Name of Firm/Company)
6330 Scott st. (Address)
(Address)
Hallywood FIA 33024 (City/State and Zip Code)
For further information concerning this matter, please call:
John Goez at (954) 665-5408 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Leuka Forfeuna	, hereby resign as	Director (Title)
of_	Digital Fafor	Name of Corporation)	,
	POTOGOSH9SH (Document Number, if known)	, a corporation organized unde	er the laws of the State of
	Forida		
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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA