109000017437

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zip	n/Phone #)	
PICK-UP W	AIT MAIL	
, (Business En	tity Name)	
(Document Number)		
Certified Copies Cer	tificates of Status <u> </u>	
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COVER LETTER

SUBJECT: COLORFAST MEDI	
	(Name of Corporation)
DOCUMENT NUMBER: P090	000017437
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Madeline Ashby	
(Name of Pers	on)
COLORFAST MEDIA INC	
(Name of Firm/Co	mpany)
12565 ORANGE DR STE 412	
(Address)	
DAVIE, FL 33330	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
Madeline Ashby	at (954) 663-1998
(Name of Person)	at (954) 663-1998 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION OFFICER / DIRECTOR RESIGNATION

I, Charles Ashby	, hereby resign a	S VICE PRESIDENT
-,	,,	(Title)
of COLORFAST MEDIA INC.		
	ame of Corporation)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P09000017437	, 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