P11000053470

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEDIA MI	X COMMUNICA ⁻	ΓΙΟΝ, INC
DOCUMENT NUMBER: P1100005347		
The enclosed Articles of Amendment and fee are so		
Please return all correspondence concerning this ma	atter to the following:	,
NELLY FIGUER	OA	
	Name of Contact Persor	
MEDIA MIX COM	MMUNICATION,	INC
•	Firm/ Company	
PO BOX 692607	,	<u> </u>
	Address	····
ORLANDO, FL 3	32869	
	City/ State and Zip Code	•
E-mail address: (to be u	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	•
NELLY FIGUEROA	_{at (} 407	319-5120
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section	Amendment Section	
Division of Corporations		n of Corporations
P.O. Box 6327		Building
Tallahassee, FL 32314		xecutive Center Circle
	Tallaha	assee, FL 32301

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: MEDIA MIX COMMUNICATION, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: P11000053470
The o	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
NE	LLY FIGUEROA
	(Name of Person)
ME	DIA MIX COMMUNICATION, INC.
	(Name of Firm/Company)
РО	BOX 692607
	(Address)
OR	LANDO, FLORIDA 32869
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
NEL	LY FIGUEROA at (4047) 319-5120 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	mdment Section sion of Corporations on Building Executive Center Circle whassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. ABDEL N EL HAGE	, hereby resign as PRESIDENT
,,	(Title)
of_ MEDIA MIX COMMUNICATIO	· · · · · · · · · · · · · · · · · · ·
(Name	e of Corporation)
P11000053470 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA, USA	<u>_</u> ·
· · · · · · · · · · · · · · · · · · ·	SECRE TARY OF SIAIE ALLAHASSEE, FLORID Signature of resigning officer/director) 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