## P12311

(Requestor's Name)	
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(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
. (Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦





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## **CT** CORPORATION

October 22, 2003

RE: CONCERT CONCESSIONS CORP. (CA. DOM.)
CRYSTAL BRANDS, INC. (DE. DOM.)
HEALTHSCREEN INTERNATIONAL, INC. (DE. DOM.)
MADGE NETWORKS, INC. (CA. DOM.)

Secretary of State Corporation Record Bureau Division of Corporation 409 East Gaines Str. Tallahassee. FL 32399

Dear Sir:

We enclose resignation executed in duplicate by the agent for service of process for the above corporation. Enclosed find \_1\_\_check in the amount of \$140.00 to cover the required filing fee.

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Very truly yours,

CI CORPORATION SYSTEM

Theresa Alfieri Assistant Secretary

TA/cdm Enclosure

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned, CT CORPORATION SYSTEM (Name of registered agent) CONCERT CONCESSIONS CORP. (CA. I	
hereby resigns as Registered Agent for(Name of corporation)	
A copy of this resignation was mailed to the above listed corporation at its last	known address.
The agency is terminated and the office discontinued on the 31st day after the of this statement is filed.	late on which
(Signature of resigning agent)	03 OCI SECRETA
If signing on behalf of an entity:	27 PA ARY OF S SSEE, FLU
CT CORPORATION SYSTEM - Theresa Alfieri (Typed or Printed Name)	TATE ORIGIN
ASSISTANT SECRETARY (Capacity)	<u></u>

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

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