

P150000003539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

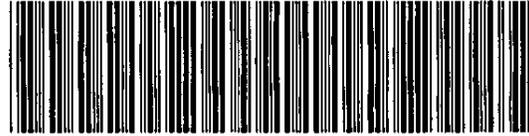
(Business Entity Name)

(Document Number)

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15 MAY 29 AM 11:08
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MD PRODUCTION TV CORP
(Name of Corporation)

DOCUMENT NUMBER: P15000003539

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

Please return all correspondence concerning this matter to the following:

FIDEL D CASTRO

(Name of Person)

MD PRODUCTION TV CORP

(Name of Firm/Company)

1820 W 46 ST APT 815

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

FIDEL D. CASTRO

(Name of Person)

at (**305**) **303-3499**

(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
P.O. Box 6327
Tallahassee, FL 32314

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

15 MAR 29 AM 11:08
STATE
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

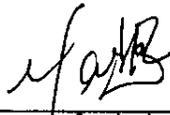
15 MAR 29 AM 11:08
STATE OF FLORIDA
CORPORATION

I, MARGERY MONTE DE OCA, hereby resign as PRESIDENT
(Title)

of MD PRODUCTION TV CORP
(Name of Corporation)

P15000003539, a corporation organized under the laws of the State of
(Document Number, if known)

FL



(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