P17131

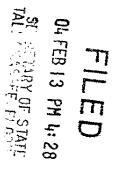
(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

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P1/3/01/20 2/3/01/20

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: THE SAN FRANCIS	CO MUSIC BOX COMPANY (CA. DOM.)
	(Name of Corporation)
DOCUMENT NUMBER: P1713	1
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
THERESA ALFIERI	
(Name of Person	on)
C T CORPORATION SYSTEM	
(Name of Firm/Con	mpany)
111 8TH AVENUE - 13TH FLOOR	
(Address)	······································
NEW YORK, NEW YORK 10011	
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
THERESA ALFIERI	at (212) 894 - 8516
(Name of Person)	at (212) 894 - 8516 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.	1509,		
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM			
hereby resigns as Registered Agent for	(Name of Registered Agent) THE SAN FRANCISCO MUSIC BOX COM (CA. DOM.)	PANY		
	(Name of Corporation)			
P17131				
(Document Number, if known)	ALLE TO THE TOTAL PARTY OF THE T			
A copy of this resignation was mailed to	o the above listed corporation at its last kno-	wn addr	ess.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on whic	h	
He	all	عدم مثاث	_	
(Sig	gnature of Resigning Agent)		7	
If signing on behalf of an entity:	V	CRETA	FEB 13	=
C T CORPOR	ATION SYSTEM - Theresa Alfieri		70	77
	Typed or Printed Name)		T 1: 2	Ö
ASS	SISTANT SECRETARY	1. fm	æ	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)