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TRANSMITTAL LETTER

SUBJECT: COMMUNICATIONS BY CHOICE INC (Name of Corporation) DOCUMENT NUMBER: P94000 30340 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHARSES (Name of Person) CHARSES (Name of Firm/Company) DECLIFICATIONS BY CHOICE THE (Name of Firm/Company) DICHIT ISLAND F/. 32952 (City/State and Zip Code)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHARGES (Name of Person) Concerning this matter to the following: Concerning this matter to the following: (Name of Person) Concerning this matter to the following: (Name of Person) Concerning this matter to the following: (Name of Person) Concerning this matter to the following: (Name of Person) Concerning this matter to the following: (Name of Person) (Name of Person) (Name of Firm/Company) Office The Concerning this matter to the following: (Name of Person) (Name of Firm/Company) Office The Concerning this matter to the following: (Name of Person) (Name of Firm/Company) Office The Concerning this matter to the following: (Name of Firm/Company) Office The Concerning this matter to the following:
Please return all correspondence concerning this matter to the following: CHANGES (Name of Person) CHANGES (Name of Firm/Company) DEO CONTEND Y PROY (Address) ALRENT JSLAND F1. 32952 (City/State and Zip Code)
Conne of Person) Conne of Firm/Company) 250 County Lead y Play (Address) AICRIT JSLAND F1. 32952 (City/State and Zip Code)
Connunications By CHOICE The (Name of Firm/Company) 250 Courtenary Prwy (Address) AICRLITT JSLAND F1. 32952 (City/State and Zip Code)
250 COURTERAY PKWY (Address) MICRE IT JSLAND F1. 32952 (City/State and Zip Code)
MICRITY JSLAND F1. 32952 (City/State and Zip Code)
For further information concerning this matter, please call:
Demis CHAMPONS at (321, 459/400) (Name of Person) (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 409 E. Gaines Street Tallahassee, FL 32399

04/16/2003

Dennis Chambers 2190 So. Courtenay Pkwy. Merritt Island Fl. 32952

State of Florida Division of Corporations

Dear Sir,

In November of 2001 I resigned as President and Officer of Communications By Choice Inc. I submitted to the State the proper form and paid the proper filing fee. No one had the authority to re-establish me as an officer of Communications By Choice in the corporate renewal in May of 2002. Please process again my resignation as officer. Please invalidate my placement as officer in 2002 and use the November date.

If there are other steps I need to take please inform of those steps.

Sincerely yours

Dennis Chambers

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Jennis	CHAMSERS	, hereby resign as_	Spe 1	pal	
of Comm	UNICA TIDAS (Name of Corporation	By C	ble,	the.	···· >
PS 40000 (Document Numb	ber, if known)	ation organized und	der the laws of th	e State of	
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	Den Od	0_		03 APR 21 P	TE
<u>.</u>	(Signature of a	esigning officer/direct	Ur)	F STAIL	D

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