

•	Office Use Only
ORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
	8000035513680 -01/17/0101029004
(Corporation Name)	(Document #)
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☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
TEW FILINGS	AMENDMENTS 34 9
Profit	Amendment  Resignation of R.A. Officer/Director.  Change of Registered Appendix
Not for Profit	Resignation of R.A. Officer/Director  Change of Registered Agent  Dissolution/Withdrawal
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	☐ Merger ☐ ☐ 9
OTHER FILINGS	REGISTRATION/QUALIFICATION 5
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 28, 2000

LINDA SHNEYER 9317 BAY DRIVE MIAMI, FL 33154-2431

SUBJECT: APERTURE PROFESSIONAL STUDIOS, INC.

Ref. Number: P95000043249

We have received your document for APERTURE PROFESSIONAL STUDIOS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To file a resignation as an officer or directors with this office, the enclosed forms should be completed for each corporation. Return the completed forms with a balance of \$35.00.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

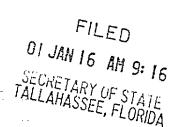
If you have any questions concerning the filing of your document, please call (850) 487-6869.

Teresa Brown Corporate Specialist

Letter Number: 600A00060391



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## OFFICER / DIRECTOR RESIGNATION

I, Linda Shneyer, hereby resign as Secretary/Treasuren
of Aperture Professional Studios, Inc. (Name of Corporation)
a corporation organized under the laws of the State of FLORIDA
and affirm that the corporation has been notified in writing of the resignation.
(Signature of/resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314