Requester's Name  1659 Via Pilar Dr.  Address  Orlando H 32825  City/State/Zip Phone #			Grice Use Only	ON SCORE OF CONTROL OF STATIONS
CORPORATION NAME(S) & DOCUM	ENT NUMI	BER(S), (if kn	own):	
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OTHER FILINGS	REGISTR	ATION/QUA	LIFICATION	
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•	Other		V. SHEPARD NOV	6 2000
			Examiner's Initials	



## 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,
hereby resigns as Registered Agent for Lopie Driven Incorporate (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 date on which this statement is filed.  (Signature of resigning agent)  If signing on behalf of an entity:  (Typed or Printed Name)
(Canacity)

## 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
Tallahassee, FL 32314