

P97000098899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

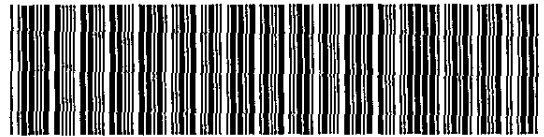
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600012792846

02/24/03--01042--019 \*\*87.50

FILED

03 FEB 28 PM 3:15

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

P97000098899  
380 RAR  
2-28-03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Real Entertainment, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000098899

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN W. Scirci  
(Name of Person)

Barbieri & Scirci, PA  
(Name of Firm/Company)

3200 N. Military Trail, #200  
(Address)

Boca Raton, FL 33481  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Scirci at ( 561 ) 997-5700  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

STEPHEN W. SCRENZI

(Name of Registered Agent)

hereby resigns as Registered Agent for

REAL Entertainment, Inc

(Name of Corporation)

P970000 98899

(Document Number, if known)

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.

W Screnzi

(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
03 FEB 28 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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