P97000100814

(Re	questor's Name)	•
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phon	a #N
(O.C	y/Otale/Elp/1 110//	G #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





000025824350

03/10/04--01019--015 **210.00

FILED

OUMAR TO PH 2: 42

FORETARY OF STATE

TABLESSEE FISIALE

Palos Why

TRANSMITTAL LETTER

SUBJECT: Global Media Group, INC. (Name of Corporation)
DOCUMENT NUMBER: 897 000 100 814
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Radd Spina (Name of Person)
(Ivalie of Ferson)
(Name of Firm/Company)
1319 S. Paveline Rd # 104 (Address)
Pompano Beach FL 30069 (City/State and Zip Code)
For further information concerning this matter, please call:
Rachel Sinka at (56+ 703-1546 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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, Kachol Spinka (Name of Registered Agent)
hereby resigns as Registered Agent for GWAL Media Grove, (Name of Corporation)
(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. **Comparison of Resigning Agent** **Comparison of Resigning Agent** **Comparison of Resigning Agent** **Total Comparison
If signing on behalf of an entity: Rachel Saida (Typed or Printed Name) (Typed or Printed Name)
President/ Director

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withdrawn corporation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