(Re	questor's Name)	
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COVER LETTER

SUBJECT: Stern Bloom Medi	(Name of Cor	poration)
DOCUMENT NUMBER: P9	,	potation
The enclosed Officer/Director Re		tion and fee are submitted for fil
Please return all correspondence of		
David Bloom		
(Name of Po	erson)	
Stern Bloom Media, Inc.	,	
(Name of Firm/	Company)	
425 NW 10th TERRACE		
(Addres	s)	
Hallandale Beach, FL 33009		
(City/State and	Zip Code)	
For further information concerning	g this matter, please ca	11:
David Bloom	at (305	932-2400 x204
(Name of Person)	(Area C) 932-2400 x204 Code & Daytime Telephone Number
Enclosed is a check for \$35.00 m	ade payable to the Flori	da Department of State.
Street Address:	Mailing Address: Amendment Section Division of Corpora	ations 27
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Post Office Box 63: Tallahassee, FL 32	

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CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Anthony Proenza	, hereby resign as Secretary		
	(Title)		
of Stern Bloom Media, Inc.			
(Name	e of Corporation)		
P98000025727 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida	·		
	ALL DE LES		
	III NOV -2 LLAMASSI		
	Signature of sesigning of ficer/director)		

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