P990000649997

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	idress)					
(Cit	ty/State/Zip/Phon	e #)				
		MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
	Office Use Or	nly				



10/30/12--01004--023 **35.00

Spr/ pi Resign

ILS OCT 30 PH 12: 39

NOV 1 2012 T. ROBERTS

TO: Amendment Section Division of Corporations

NEW SPORT PHOTOGRAPHY INC (Name of Corporation) (MBER: P9900064997 **SUBJECT: DOCUMENT NUMBER:**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMON BRUCY (Name of Person)

(Name of Firm/Company) 4241 GARFIELD St (Address) Bhiylon . DC (City/State and Zip Code)

For further information concerning this matter, please call:

<u>SIMON</u> <u>BRICH</u> at (<u>202</u>) <u>2627941</u> (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

	C	OFFICER / DIRECTOR RESIGN A FION FOR A CORPORATION			DIVISION OF	RY OF STATE CORPORATIONS PH 12: 39	
1, <u>Su</u>	MON 3	BRUTY	, her	eby resign as_	DI	(Title)	
of NQ	wspor			iraphy	1	INC.	
<u>299</u> α	DOOGC ment Number, i	+997	of Corporation)	organized un	v ider the la	aws of the State	of
FLOR	ida		·				

. . . .

(Signature of resigning officer/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