

PHILIP R. & BRENDA LEA ROBINSON

V00256

264 S.W. 70th Terrace
Tallahassee, FL 32314
781-277-5311
781-625-6261

June 1, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

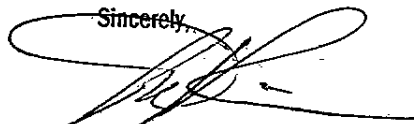
Re: Change in Corporate Directors/Officers
POLISH IT UP, INC. FEI #65-0308875

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-07/05/02--01003--005
157.50 **87.50

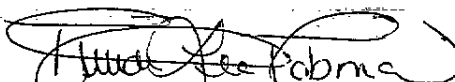
Dear Sirs:

Please be advised that Philip R. & Brenda Lea Robinson no longer have ownership/administrative interest in Polish It Up, Inc. Enclosed you will find copies of resignation letters. Please change your records accordingly. If you have any questions please contact Philip at the above referenced phone number. Your help in expediting this request is greatly appreciated. Thank you.

Sincerely,



Philip R. Robinson



Brenda Lea Robinson

Cc:file

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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cu



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 26, 2002

PHILIP R. & BRENDA LEA ROBINSON
4264 S.W. 70TH TERRACE
DAVIE, FL 33314

SUBJECT: POLISH IT UP, INC.
Ref. Number: V00256

This will acknowledge receipt of your correspondence which is being returned to you for the following reason(s):

There is a filing fee of \$35.00 due for each officer/director resignation.

The fee to resign as registered agent of an active corporation is \$87.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 702A00041072

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

02 JUL -3 AM 9:19

DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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, _____

ALLEN R. ROBINSON

(Name of registered agent)

hereby resigns as Registered Agent for _____

POLESTAR TV UP, INC.

(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)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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