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| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | ł | | |
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Office Use Only



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COVER LETTER

| TO: | O: Amendment Section Division of Corporations | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| SUB | JBJECT: Source International Inc | |
| | (Nar | ame of Corporation) |
| DOC | OCUMENT NUMBER: V21836 | |
| The e | ne enclosed Officer/Director Resignation for a | a Corporation and fee are submitted for filing |
| Pleas | ease return all correspondence concerning this | is matter to the following: |
| Barl | Barbara P Palmer | |
| | (Name of Person) | |
| Sou | Source International Inc | |
| | (Name of Firm/Company) | |
| 230 | 301 Park Ave Ste 402 | |
| | (Address) | |
| Ora | Prange Park FL 32073 | |
| | (City/State and Zip Code) | |
| For fi | r further information concerning this matter, p | please call: |
| Barb | arbara P Palmer | (Area Code & Daytime Telephone Number) |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclo | closed is a check for \$35.00 made payable to t | the Florida Department of State. |
| Amen Divisi Clifto 2661 | reet Address: nendment Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, FL 32301 Mailing Ad Amendmen Division of Post Office Tallahassee | address: ent Section of Corporations the Box 6327 the, FL 32314 |

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I, Donald E Crawford | , hereby resign as | Vice President/Treasurer |
|-----------------------------|------------------------------|--------------------------|
| | | (Title) |
| of Source International Inc | | |
| | of Corporation) | , |
| V21386 | der the laws of the State of | |
| (Document Number, if known) | <u></u> | |
| Florida | | |
| | | |

(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