## V52516

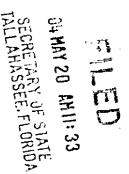
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: DPK Productions, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: V52516	····
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	for filing.
Please return all correspondence concerning this matter to the following:	
Mary Fendle, Paralegal	
(Name of Person)	
Dean Mead	
(Name of Firm/Company)	
P. O. Box 2346	
(Address)	
Orlando, FL 32802-2346	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary Fendle at ( 407 ) 428-5119	
(Name of Person) (Area Code & Daytime Telephone Numb	per)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the p	rovisions of sections 6	07.0502(2), 617.0502(2), 60	7.1509, or 617.1509,	
Florida Statutes.	the undersigned. De	ean Mead Services, LLC	7	· 0, 03
,		(Name of Registe	red Agent)	<b>2</b>
hereby resigns as	Registered Agent for	DPK Productions, Inc.		F
		(Name of Corp	oration)	<del>,</del>
V52516				. : -
(Document	Number, if known)	<del></del>		
A copy of this res	signation was mailed to	o the above listed corporatio	n at its last known add	lress.
The agency is ter this statement is t		discontinued on the 31st day	y after the date on whi	ch
\$ 4	Myte	Wun	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4	(Sig	gnature of Resigning Agent)		. <del></del>
If signing on beh	alf of an entity: EAN MEAD SERVICES		-	
By: By:	Dean, Mead, Eger Stephen D. Dunes	ton, Bloodworth, Capo g <b>an</b>	nuano & Bozarth, 1	P.A., Member
	(	Typed or Printed Name)		
(	Vice President		· .	
		(Capacity)	<del>_</del>	

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