## V52516

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DPK PRODUCTIONS, INC. (Name of Corporation)	<del>ड</del> े १ अक्क
DOCUMENT NUMBER: V52516	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted in	for filing.
Please return all correspondence concerning this matter to the following:	•
MARY F. 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 F. FENDLE at (407) 428-5119  (Name of Person) (Area Code & Daytime Telephone Number	<del>?</del> r)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the	provisions of sections (	607.0502(2), 617	'.0502(2), 607.1	1 <b>509, or 617</b> .	1509,	
Florida Statute	s, the undersigned,D	EAN MEAD SE				
		(N	ame of Registered	Agent)		_
hereby resigns	as Registered Agent for	DPK PRODU	JCTIONS, INC	<b>).</b>		
			(Name of Corpora	tion)		
V52516						
(Docume	nt Number, if known)	<del></del>			* * * * * * * * * * * * * * * * * * * *	
A copy of this	resignation was mailed	to the above liste	d corporation a	it its last knov	wn address.	
The agency is t	erminated and the office s filed.	e discontinued or	n the 31st day a	fter the date o	on which	
		Sto	Ze-		<u>-</u>	
	(S	ignature of Resignir	ig Agent)			
If signing on be	chalf of an entity:		-		<del></del>	
	STEVEN C. LEE,				OS / SECI	
		(Typed or Printed N	ame)	.,	TAR I	77
	VICE PRESIDEN	Τ			6 A	
		(Capacity)			4 10: 5. "STATE "LORID	Ö

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withdrawn corporation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