

835631

Requestor's Name

C T CORPORATION SYSTEM

1633 BROADWAY

NEW YORK, N. Y. 10019

Office Use Only

NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
99 AUG - 2 AM 10: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-08/02/99--01142--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TRAs  
p/c 8-9

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

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TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as  
(name of registered agent)


Registered Agent for 910 FINANCIAL CORPORATION  
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF DELAWARE

A copy of this resignation was mailed to the above listed corporation at its last known address.

3250 Ocean Park Blvd  
Santa Monica, CA. 90405  
Attn: Eugene J. Meyers, Vice President

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

  
\_\_\_\_\_  
SIGNATURE  
ASSISTANT SECRETARY

**FEE FOR FILING THIS DOCUMENT:**  
**\$87.50-Active Corporation**  
**\$35.00-Administratively Dissolved Corporation**