

NO2000004142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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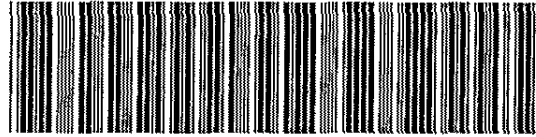
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2006

Andrea Lay  
SLM Theater Productions  
7549 Dunbridge Drive  
Odessa, FL 33556

SUBJECT: SLM THEATER PRODUCTIONS, INC.  
Ref. Number: N02000004142

We have received your document for SLM THEATER PRODUCTIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 506A00060118

**ARTICLES OF DISSOLUTION**

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SLM Theater Productions

SECOND: The document number of the corporation (if known): Exempt #

85-8012673644C-2

THIRD: Adoption of Dissolution  
(Complete Section I or II)

**SECTION I**

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
12/31/05

(CHECK ONE)

The number of votes cast for dissolution was sufficient for approval.

The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

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**SECTION II**

**If the corporation has no members or members entitled to vote on the dissolution.**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 12/31/05

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 12/31/05  
(no more than 90 days after dissolution file date)

Signature Andrea Jay  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Andrea Jay  
(Typed or printed name of the person signing)

President  
(Title of person signing)

FILING FEE: \$35

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