P0300096061

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: ZOETROPE PRODUCTI	on s			
DOCUMENT NUMBER: P030000966	061			
The enclosed Articles of Dissolution and fee are submitted	for filing.			
Please return all correspondence concerning this matter to the	he following:			
RICHARD NEU				
(Name of Contact Person)				
(C				
(Firm/Company)				
PO BOX 22704 (Address)				
LAKE BUENA ULSTA, FL 32830 (City/State and Zip Code)				
For further information concerning this matter, please call:	,			
	299-2033 Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
•				
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	ZOETROPE PRODUCTIONS	
SECOND:	The document number of the corporation (if known): POBOOO9606	l '
THIRD:	The file date of the articles of incorporation: $9/2/03$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The corporation has not commenced business. No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	? > -
SEVENTH:	Adoption of Dissolution (CHECK ONE)	Л
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature:NUTh	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	RICHARD NEU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of Person Signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: 20ETROPE PRODUCTIONS Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: DATE OF CLAIM, AMOUNT, REASON, CONTACT
PERSON W/PHONE NUMBER Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) LAKE BUENA VISTA A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.