

PD7000053793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

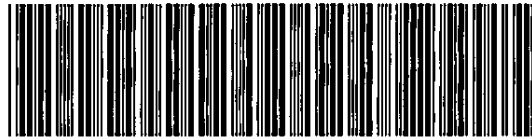
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
filed w/ copy of death cert.

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Ant Diss/CC  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JUL 19 AM 11:13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Magazines Unlimited INC.

**DOCUMENT NUMBER:** P07000053793

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Bergfeld  
(Name of Contact Person)

(Firm/Company)

4435 6<sup>th</sup> Ave N.  
(Address)

St. Petersburg Fl. 33713  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Bergfeld at (727) 2442906  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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:

Magazines Unlimited INC.

SECOND: The document number of the corporation (if known): P07000053793

THIRD: The file date of the articles of incorporation: 5/3/07

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: 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)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

**OWNER IS DECEASED**  
Copy of death certificate is enclosed

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SECRETARY OF CORPORATION  
07 JUL 19 AM 11:11

Signature: Deborah Bergfeld

(By a director, president or other officer - if directors/officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Deborah Bergfeld  
(Typed or printed name of person signing)

personal representative  
(Title of Person Signing)

Filing Fee: \$35

STATE OF FLORIDA

OFFICE of VITAL STATISTICS  
CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>John K. Baudine Jr.</b>		2. SEX <b>Male</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>September 15, 1932</b>		4. AGE-Last Birthday (Years) <b>74</b>	
4a. UNDER 1 YEAR Months _____ Days _____		4c. UNDER 1 DAY Hours _____ Minutes _____	
5. DATE OF DEATH (Month, Day, Year) <b>June 18, 2007</b>			
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State, or Foreign Country) <b>Louisa Parrish, Louisiana</b>	
		8. COUNTY OF DEATH <b>Pinellas</b>	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient _____ Emergency Room/Outpatient _____ Dead On Arrival _____ NON-HOSPITAL: _____ Hospice Facility _____ Nursing Home/Long Term Care Facility _____ Decedent's Home _____ Other (Specify) _____			
10. FACILITY NAME (If not institution, give street address) <b>St. Petersburg General Hospital</b>		11a. CITY, TOWN, OR LOCATION OF DEATH <b>Saint Petersburg</b>	
		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes _____ No	
12. MARITAL STATUS (Specify) ____ Married _____ Married, but Separated _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Pinellas</b>	
14c. CITY, TOWN, OR LOCATION <b>Saint Petersburg</b>			
14d. STREET AND NUMBER <b>4001 49th Street North</b>		14e. APT. NO. <b>Lot #135</b>	
		14f. ZIP CODE <b>33709</b>	
		14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes _____ No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired" <b>Sales Person</b>		15b. KIND OF BUSINESS/INDUSTRY <b>Magazines</b>	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White _____ Black or African American _____ American Indian or Alaskan Native (Specify Tribe) _____ _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian (Specify) _____ _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan _____ Other Pacific Is. (Specify) _____ Other (Specify) _____			
17. DECEDENT OF HISPANIC/HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Italian Origin) _____ Yes (If Yes, specify) <input checked="" type="checkbox"/> No _____ Mexican _____ Puerto Rican _____ Cuban _____ Central/South American _____ _____ Other Hispanic (Specify) _____			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) _____ 8th or less _____ High school but no diploma _____ High school diploma or GED _____ _____ College but no degree _____ College degree (Specify): _____ Associate _____ <input checked="" type="checkbox"/> Bachelor's _____ Master's _____ Doctorate _____			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes _____ No
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>John K. Baudine, Sr.</b>		21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Unavailable Unavailable</b>	
22a. INFORMANT'S NAME <b>Deborah A. Bergfeld</b>		22b. RELATIONSHIP TO DECEDENT <b>Step-daughter</b>	
23a. CITY OR TOWN <b>Saint Petersburg</b>		23b. STREET ADDRESS <b>4435 6th Avenue North</b>	
		23c. ZIP CODE <b>33713</b>	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Director's Service, Inc.</b>		25a. LOCATION - STATE <b>Florida</b>	
		25b. LOCATION - CITY OR TOWN <b>Saint Petersburg</b>	
26a. METHOD OF DISPOSITION _____ Burial _____ Entombment <input checked="" type="checkbox"/> Cremation _____ Donation _____ Removal From State _____ Other (Specify) _____			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes _____ No		27a. LICENSE NUMBER (of Licensee) <b>1566</b>	
		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Richard P. ...</i>	
28. NAME OF FUNERAL FACILITY <b>R. Lee Williams &amp; Son Funeral Home</b>		29a. FACILITY'S MAILING - STATE <b>Florida</b>	
29b. CITY OR TOWN <b>St. Petersburg</b>		29c. STREET ADDRESS <b>3530 49th Street N.</b>	
		29d. ZIP CODE <b>33710</b>	
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated			
31a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD		31b. DATE SIGNED (mm/dd/yyyy) <b>06/26/2007</b>	
		32. TIME OF DEATH (24 hr.) <b>1145</b>	
		33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier) <b>ME78967</b>		34b. CERTIFIER'S NAME <b>Milind Shastri, MD</b>	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S - STATE <b>Florida</b>		36b. CITY OR TOWN <b>Saint Petersburg</b>	
		36c. STREET ADDRESS <b>5800- 49th Street North, #108S</b>	
		36d. ZIP CODE <b>33709</b>	
37. SUBREGISTRAR - Signature and Date <i>[Signature]</i>		38a. LOCAL REGISTRAR - Signature <i>[Signature]</i>	
		38b. DATE FILED BY REGISTRAR (Mo. Day, Yr.) <b>June 28 2007</b>	

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

*Barbara M. Sawyer*  
Chief Deputy Registrar, Pinellas County

Issued: June 29, 2007

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:

DH FORM 1946 (08-04)

CERTIFICATION OF VITAL RECORD

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