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(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOCUTION OF	Media Bolonia
DOCUMENT NUMBER: POLOCO	0118998
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
MIJACL BRAI	NOWATN
(Name of Contact	•
Media Bala (Firm/Com	n Ce
(Firm/Com	pany)
1437 FUNSTO	n St:
(Address	
Holly wood if	(33020 Zip Code)
(City/State and	Zip Code)
For further information concerning this matter, pl	ease call:
MIJALI BRANDWAN a	it (<u>305</u>) <u>333-0656</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Ade	8.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee, tified Copy Certificate of Status & ditional copy is closed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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: Media Balance Inc.	
SECOND:	The document number of the corporation (if known): P01000 11 8998	_
THIRD:	The date dissolution was authorized: 12/1/05	<u> </u>
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolut was sufficient for approval.	ion
	Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	201
	MIJAEL BRANDWATN (voting group)	γ
	MITAEL BRANDWATN (voting group) AMID: 52	, 1640
\$	Signature: (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)	
	(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.

Media Rolonce Inc. Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00