

PO2000128622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

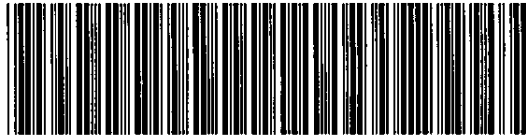
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

dis
C. Coulllette OCT 24 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 547290 7359408

AUTHORIZATION :

COST LIMIT : \$ 35.00

[Handwritten signature]

ORDER DATE : October 23, 2006

ORDER TIME : 10:37 AM

ORDER NO. : 547290-005

CUSTOMER NO: 7359408

DOMESTIC FILINGS

NAME: AMERICA'S SHOPPING NETWORK,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse - EXT# 2954

EXAMINER'S INITIALS: _____

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:

AMERICA'S SHOPPING NETWORK, INC

SECOND: The document number of the corporation (if known): P02000128622

THIRD: The date dissolution was authorized: October 20, 2006

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 dissolution was sufficient for approval.

☐ 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

Officers

(voting group)

Signature: Paula Saccomanno

(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)

Paula SACCOMANNO

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$35