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TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations SUBJECT: DISOLUTION OF A PROFIT CORPORATION DOCUMENT NUMBER: P0300065534 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Firm/Company) 6W 103 ⊤ERR (Address) 15601 MIDMI FL 33196 (City/State/and Zip Code) For further information concerning this matter, please call: ___at (305) _ 752 -6140 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: **№ \$35** Filing Fee **□ \$43.75** Filing Fee & **□ \$43.75** Filing Fee & **□ \$52.50** Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street

"Tallahassee, Florida 3 2399

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 Department of State: & F PRODUCTIONS, CORP The document number of the corporation (if known):___ SECOND: The file date of the articles of incorporation was: ____ THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.) LU16 E. LEUY (Typed or printed name of person signing)

Filing Fee: \$35

PRESIDENT

(Title of person signing)