

P03000130725

\_\_\_\_\_  
(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:

Office Use Only



400103281574

05/25/07--01031--012 \*\*35.00

*VP/W nsa*

FILED  
07 MAY 25 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~DELETED~~ MAY 31 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P03000130725

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

Please return all correspondence concerning this matter to the following:

FRANCES GRACE COOPER, ESQ.

(Name of Contact Person)

FRANCES GRACE COOPER, PL

(Firm/Company)

PO BOX 57

(Address)

OSPREY, FL 34229

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCES GRACE COOPER, ESQ. at ( 941 ) 485-3060

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
07 MAY 25 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
**ESCAPE ENTERTAINMENT, INC.**

SECOND: The document number of the corporation (if known): **P03000130725**

THIRD: The date dissolution was authorized: **4/6/2007**

Effective date of dissolution if applicable: **4/6/2007**  
(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 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

\_\_\_\_\_  
(voting group)

Signature: Raymond Weekes  
(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)

**RAYMOND WEEKES**

\_\_\_\_\_  
(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: ESCAPE ENTERTAINMENT, INC.

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:

NAME OF CLAIMANT

AMOUNT OF CLAIM

EXPLANATION OF ALLEGED CLAIM WITH STATEMENTS/CONTRACT

IF CLAIMING UNDER CONTRACT, A COPY OF THE CONTRACT AND

SIGNATURES REQUIRED.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

RAYMOND WEEKES

4410 GARCIA AVENUE

SARASOTA, FL 34233

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.

RAYMOND WEEKES, PRESIDENT

Printed Name of the Person Filing

Raymond Weekes

Signature of the Person Filing

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