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SECRETARY OF STATE ARIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISH EXTREME, INC.
DOCUMENT NUMBER: P0400089266
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles A. Wood (Name of Contact Person)
DISH EXTYPME, INC. (Firm/Company)
12369 SW 132 Ct 20 (Address)
Miami, Fl. 33186 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Oennis J. Chin at (305)255-1040 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: DISH EXTREME FNC.
SECOND:	The document number of the corporation (if known): PO400089266
THIRD:	The date dissolution was authorized: $1 - 30 - 2007$
	Effective date of dissolution if applicable: $[-31-200]$ (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
	OF STATE LORIDA
	Signature: (By a director, president or either 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)
	Incorporator/ V.P. (Title of person signing)

Filing Fee: \$35