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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	riting Officer.	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION FOR A COF	PORATION	
DOCUMENT NUMBER: P05000017997		
The enclosed Articles of Dissolution and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
TRACY L Y	APP	
(Name of Contact	Person)	
STUDIO T3	3, INC	
(Firm/Company)		
5310 SW 29th	TERRACE	
(Address)		
FT. LAUDER	DALE, FL 33312	
(City/State and Z	ip Code)	
For further information concerning this matter, plea	se call:	
TRACY YAPP at	(954) 965-9700	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
(Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy	
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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	STUDIO T33, INC		
SECOND:	The document number of the corporation (if known): P05000017997		
THIRD:	The date dissolution was authorized: FEBREUARY 27,2006		
	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		
	1 ALL 0		
9	Signature: Y (By a tirector, president or other officer - indiffectors 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)		
	TRACY L YAPP		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(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: STUDIO T33, 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: THE CORPORATION HAS NOT BUSINESS Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 5310 SW 29th TERRACE FT. LAUDERDALE, FL 33312 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. TRACY L YAPP Printed Name of the Person Filing

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