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JUN 22 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF TRI-Sport OFFICIALS
DOCUMENT NUMBER: P0700004254
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara Licata (Name of Contact Person)
TRI-Sport Officals, Inc. (Firm/Company)
2555 Coral Hills DR.
Coen Spriwgs, F/33065 (City/State and Zip Code)
For further information concerning this matter, please call:
Barbarca Licatta at (954) 34/-525 (Name of Contact Person) (Area Code & Daytime Telephone Number) 5258 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 Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Taliahassee, FL 32301

Tallahassee, FL 32314

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:
	Tri Sports Officials Inc
SECOND:	The document number of the corporation (if known): P0700004254
THIRD:	The date dissolution was authorized: 6/18/2010
	Effective date of dissolution if applicable: 6/18/2010 (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
	(voiling group)
	E R
	OF STATE E. FLORIT
	Signature:
	BARBARA LICATA
	(Typed or printed name of person signing) TRESIDENT
	(Title of many similar)

Filing Fee: \$35