## P07000111982

|                      | Requestor's Name)    |           |  |
|----------------------|----------------------|-----------|--|
|                      | , -,                 |           |  |
|                      | Address)             |           |  |
|                      |                      |           |  |
| · (                  | Address)             |           |  |
|                      |                      |           |  |
| (1                   | City/State/Zip/Phone | #)        |  |
| PICK-UP              | WAIT                 | MAIL      |  |
| C                    | Business Entity Nam  | e)        |  |
|                      |                      |           |  |
| (Document Number)    |                      |           |  |
| Certified Copies     | Certificates         | of Status |  |
| Special Instructions | to Filing Officer:   |           |  |
|                      |                      |           |  |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

AND 155 101 3 30 109

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: Articles of Dissolution   |  |  |  |  |
| DOCUMENT NUMBER: <u>P0700011982</u>  |  |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |
| Erin Deanne Dunphy<br>(Name of Contact Person)   |  |  |  |  |
| <u>ED Productions</u>  |  |  |  |  |
| (Firm/Company)   |  |  |  |  |
| PO BOX 1463 (Address)  |  |  |  |  |
| Liberty, DC 27298<br>(City/State and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
| Moles Domphy at (919) 663-4033  (Name of Contact Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |
| \$35 Filing Fee \$\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\ |  |  |  |  |
| 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 607.1401, 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  | <b>:</b>          |           |
|--------------|--|-------------------|-----------|
|              | EDProductions, Inc.  |                   |           |
| SECOND:      | The document number of the corporation (if known): PO70001119  | 82                |           |
| THIRD:       | The file date of the articles of incorporation: April 30, 2008   |                   |           |
| FOURTH:      | (CHECK AT LEAST ONE BOX)   |                   |           |
|              | None of the corporation's shares have been issued.   |                   |           |
|              | The corporation has not commenced business.  |                   |           |
| FIFTH:       | No debt of the corporation remains unpaid.   |                   |           |
| SIXTH:       | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.   | 9                 | NVI<br>IS |
| SEVENTH:     | Adoption of Dissolution (CHECK ONE)  | 09 14             | SEE T     |
|              | A majority of the incorporators authorized the dissolution.  | 09 MAR 27 PM 1:56 | F COR     |
|              | A majority of the directors authorized the dissolution.  | 圣                 | ORATIONS  |
|              |  | 1:56              | SHOT      |
| Sign         | ature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |                   |           |
|              | (Typed or printed name of person signing)  |                   |           |
|              | Epin Dome Durphy (Title of Person Signing)   |                   |           |
|              | Filing Fee: \$35   |                   |           |
| P.O.<br>Libe | BOX 1463<br>Mo Longer In<br>RusiNess   | <b>&gt;</b>       |           |