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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: INNOVATIVE VIDEO SYSTEMS, INC.
DOCUMENT NUMBER: PO 80000 24844
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RANSY Houseman (Name of Contact Person)
(Name of Contact Person)
/NNOVATIVE VIDEO 545TEMS, INC. (Firm/Company)
* */
Po 30 x Z 02 9 Z (Address)
SARASOTA, FL 34276 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RANDY HOUSEMAN at (813) 846-9190
(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: Amondment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 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: [NNOVATIVE VIDEO SYSTEMS, WC.
SECOND:	DO Proposition
THIRD:	The date dissolution was authorized: 3/7/08
	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 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) ASSEE, FL BATE OF STATE OF S
	Signature: (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)
	(Typed or printed name of person signing)
	VICE PRESIDENT (Title of person signing)

Filing Fee: \$35