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## COVER LETTER

TO: Amendment Section

| Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: B.D. P. / Ne D/B/A WTIX (  | G 08350 900 239)                           |  |  |
| DOCUMENT NUMBER: \[ \int \text{e8 0000 78711} \]  |  |  |  |
| The enclosed Articles of Dissolution and ree are submitted for filing.  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |
| GARU KAUTES   |  |  |  |
| (Name of Contact Person)  |  |  |  |
|   |  |  |  |
| Firr I/Company)   |  |  |  |
| 50/7 NEPTUNE LANE  (A Idress)   | ,  |  |  |
| (Address)   | ٠ - مالله                                  |  |  |
| FT. LAUDERDACE, FL 3. (City/Sta:: and Zip Code)   | 3312                                       |  |  |
| (City/Sta:s and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| Name of Contact Person) at (934)  | 931-8842<br>le & Daytime Telephone Number) |  |  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)   |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |
| \$43.75 Filing Fee \$\bigcip\\$43.75 Filing Fee & \bigcip\\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status &                    |  |  |
|   | TREET ADDRESS:                             |  |  |
|   | mendment Section ivision of Corporations   |  |  |
| I 7   | lifton Building                            |  |  |
|   | 661 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 B.D. P. L.C.   | State:                  |
|---------|--|-------------------------|
| SECOND: | The document number of the corporation (if known): Pos 0000 787  | <u>//</u>               |
| THIRD:  | The date dissolution was authorized:   |                         |
|         | Effective date of dissolution if applicable: 08/15/09 (no more than 90 days after dissolution is   | île date)               |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  |                         |
|         | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.  | or dissolution          |
|         | Dissolution was approved by the shareholders through voting groups.  |                         |
|         | The following statement must be separately provided for each voting group en to vote separately on the plan-to-dissolve:   | ntitled                 |
|         | The number of votes cast for distolution was sufficient for approval by  |                         |
|         | (vo ing group)   | SECI<br>TALL<br>09      |
|         | 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) | ECRETARY OF STATE LANDS |
|         | Stolcy hautes (Typed or printed name of person signing)  | 42 IDA                  |
|         | President  |                         |

Filing Fee: \$35