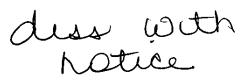
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF COR	PORATION
•	
DOCUMENT NUMBER: P0900002027	74
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning the	is matter to the following:
DELFIN FERNANDEZ	
(Name of Cor	itact Person)
DF TV PRODUCTION, INC.	
(Firm/C	ompany)
6800 SW 49 STREET #344	
(Addr	ess)
MIAMI, FL 33155	
(City/State a	nd Zip Code)
For further information concerning this matter.	. please call:
DELFIN FERNANDEZ	at (_786) 294-8130
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee. Certified Copy Additional copy is enclosed) \$\$\$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)
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

FILED

ARTICLES OF DISSOLUTION SEP 16 PK 4: 14

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:
	DF TV PRODUCTION, INC.
SECOND:	The document number of the corporation (if known): P09000020274
THIRD:	The file date of the articles of incorporation: 03/04/2009
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.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	Thomas !
Sign	ature:
	(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.)
	DELFIN FERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(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: DF TV PRODUCTION, 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:
ALL PERTINENT INFORMATION AS TO CLAIMANT, DATES, SERVICE OR PRODUCT
AND RESPECTIVE AMOUNT WITH PROOF OF SIGNATURE FOR INDEBTEDNESS.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
6800 SW 49 STREET #344
MIAMI, FL 33155
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.
DELFIN FERNANDEZ
Printed Name of the Person Filing Signature of the Person Filing

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