

P95000088887

November 5, 1999

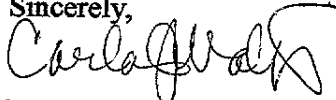
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

200003037812--7  
-11/08/99--01080--008  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

Due to the death of my husband, Michael J. Walter, please dissolve Florida Corporation  
PM Media, Inc. #FEI 59-3346482.

Michael's appendix suddenly burst on a business trip July 24<sup>th</sup> and he was in a coma until  
his death, August 19, 1999. (A copy of the death certificate is enclosed). Thank you for  
your help in dealing with this matter.

Sincerely,



Mrs. Carla Walter (407) 673-0822  
2876 Old Castle Drive  
Winter Park, FL 32792

FILED  
99 NOV -8 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cc: Enclosed is copy of Death Certificate and check for \$35 for Dissolution and \$8.75  
for a Certified copy for my records.

U.S. 10/15

V. SHEPARD NOV 18 1999

## ARTICLES OF DISSOLUTION

FILED  
99 NOV -8 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: PM MEDIA, Inc.

SECOND: The date dissolution was authorized: 7-24-99

(In coma from this date  
of illness)

THIRD: 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 vote of 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

"Deceased 8-19-99"  
(voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Death Certificate  
attached

Signature \_\_\_\_\_

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Carla J. Walker

(Typed or printed name)

Carla J. Walker

(Title)

N/A

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF NEVADA

Nevada City, California 95959

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/97)

3199929 000541

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
		MICHAEL		JOSEPH		WALTER	
4. DATE OF BIRTH M/M/D/D/C/YY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/D/D/C/YY	
03/02/1943		56		M		08/19/1999	
8. HOUR		9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
0523		NY		073-24-0528		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED		14. RACE		15. HISPANIC—SPECIFY	
MARRIED		19		CAUCASIAN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER		17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
LOOK SMART		RADIO PERSONALITY		COMMUNICATIONS		4	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		21. CITY		22. COUNTY		23. ZIP CODE	
2876 OLD CASTLE DR.		WINTER PARK		ORANGE		32792	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
4		FLORIDA		CARLA WALTER (WIFE)		2876 OLD CASTLE DR., WINTER PARK, FL 32792	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		31. NAME OF FATHER—FIRST	
CARLA		COLLINS		JAMES		SAMUEL	
32. MIDDLE		33. LAST		34. BIRTH STATE		35. NAME OF MOTHER—FIRST	
LOUIS		WALTER		ENGLAND		HILDA	
36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE		39. DATE M/M/D/D/C/YY	
FINN		DAVIDOFF		ENGLAND		08/20/1999	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
IN RES/W/WIFE CARLA WALTER 2876 OLD CASTLE DR., WINTER PARK, FL 32792		TR/CR/RES		NOT EMBALMED			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/D/D/C/YY	
TRUCKEE-TAHOE MORTUARY		FD1191		GREG EDWARDS RV. <i>Greg Edwards</i>		08/20/1999	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY	
TAHOE FOREST HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. <input type="checkbox"/> MOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		NEVADA	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
10121 PINE STREET		TRUCKEE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. IMMEDIATE CAUSE (A)		110. TIME INTERVAL BETWEEN ONSET AND DEATH		111. BIOPSY PERFORMED		112. AUTOPSY PERFORMED	
RESPIRATORY FAILURE		20 MIN.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. DUE TO (B)		3 WKS.		114. USED IN DETERMINING CAUSE		115. USED IN DETERMINING CAUSE	
ADULT RESPIRATORY DISTRESS SYNDROME		3 WKS.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. DUE TO (C)		3 WKS.		117. USED IN DETERMINING CAUSE		118. USED IN DETERMINING CAUSE	
PERITONEAL SEPSIS		3 WKS.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
119. DUE TO (D)		3 WKS.		120. USED IN DETERMINING CAUSE		121. USED IN DETERMINING CAUSE	
RUPTURED APPENDIX		3 WKS.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
122. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		123. INFARCTION OF KIDNEYS, SPLEEN AND LIVER		124. YES; RIGHT HEMICOLECTOMY AND APPENDECTOMY 07/27/1999		125. YES; RIGHT HEMICOLECTOMY AND APPENDECTOMY 07/27/1999	
126. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M/M/D/D/C/YY		127. SIGNATURE AND TITLE OF CERTIFIER		128. LICENSE NO.		129. DATE M/M/D/D/C/YY	
07/29/1999 08/19/1999		<i>Greg Edwards</i>		G69661		08/19/1999	
130. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		131. INJURY AT WORK		132. INJURY DATE M/M/D/D/C/YY		133. HOUR	
GREGORY B. TIRDEL, M.D. P.O. BOX 8247, TRUCKEE, CA 96162		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
134. MANNER OF DEATH		135. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		136. SIGNATURE OF CORONER OR DEPUTY CORONER		137. DATE M/M/D/D/C/YY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE							
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED							
138. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		139. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		140. STATE REGISTRAR		141. CENSUS TRACT	

041792

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF NEVADA

DATE ISSUED

AUG 25 1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Nevada County Health Department.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

REGISTRAR  
NEVADA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE