Address Tallahassee, F1 \$553-4315 City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known): 9000039614897 -04/06/0101004001 ******35.00 ******35.00
(Corporation Name)	(Document #)
2(Corporation Name)	(Document#)
3. (Corporation Name)	PN 3: 26 PN 3: 26 PN 3: 26 PN 3: 26
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF DISSOLUTION

	section 607.1403, Florida Statutes, this Florida profit corporation submits the strictles of dissolution:
FIRST:	The name of the corporation is: Night Moves Entectainment . inc
SECOND:	The date dissolution was authorized: 04 05 101
THIRD:	Adoption of Dissolution (CHECK ONE)
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Dis	solution was approved by vote of the shareholders through voting groups.
	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sign	ned this 5 day of April , 01.
Signature .	(By the Chairman of the Board, President or other officer)
	Kenneth Joson M-Coy (Chairman) (Typed or printed name)
	Charica man

(Title)