P9900052013

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

Office Use Only



700223786927

03/06/12--01018--026 **35.00



MAR 9 2012 C. MUSTAIN



COVER LETTER

前位

• TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: HDTV Solutions, Inc.	
DOCUMENT NUMBER: P9900005201	13
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jodi Schilowitz	
(Name of C	Contact Person)
HDTV Solution's Inc.	
(Firm	n/Company)
10425 Ilona Ave	
(Ac	ldress)
Los Angeles, CA 90064	
(City/Stat	e and Zip Code)
For further information concerning this mat	ter, please call:
Jodi Schilowitz	at (_407) _230-8682
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt:
\$35 Filing Fee \$\bigcup\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 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:		
	HDTV Solution's Inc.		
SECOND:	The document number of the corporation (if known): P99000052013		
THIRD:	The date dissolution was authorized: 12/31/2011		
	Effective date of dissolution if applicable: 12/31/2011		
FOURTH:	(no more than 50 days after this ording) in the training of the state		
	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)		
	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)		
	Jodi Schilowitz		
	(Typed or printed name of person signing)		
	Secretary		
	(Title of person signing)		

Filing Fee: \$35