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| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAI | L |
| (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

| Division of Corporations | | |
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| SUBJECT: ARTICLES OF DISSOLUTION | | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Lisa Colyer | | |
| (Name of Person) | | |
| MALIBU PRODUCTIONS INC. | | |
| (Name of Firm/Company) | | |
| 0778 LANTANA ROAD Sute #8 | | |
| (Address) | | |
| LAKE WORTH FL 33467 | | |
| (City/State/and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| LISA COLUET at (561) 721-2927 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| \$35 Filing Fee \$\ \times \\$43.75 Filing Fee & \ \times \\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) | | |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 | | |

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: |
|---------|---|-----------------------|
| | MALIBU PRODUCTIONS, INC. | |
| SECOND: | 00000 | 062614 |
| THIRD: | The date dissolution was authorized: 8 17 05 | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution | ı file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | |
| | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | 블로 등 그 |
| | Dissolution was approved by of the shareholders through voting groups. | 22 I |
| | The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve: | AM 8: 29 EE NAIL ORID |
| | The number of votes cast for dissolution was sufficient for approval by | 9 |
| | (varing group) | |
| | Signed this 17 day of AUGUST . 2005 | |
| | | |
| | Signature: He Mul | |
| | (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) | |
| | H. K. MEUTON (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | V. President | |
| | (Title of person signing) | |

Filing Fee: \$35

Notice of Corporate Dissolution

| This "Notice of Corporate Dissolution" is optional and is not required when filling a voluntary dissolution. Name of Corporation: MALIBU PRODUCTIONS 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: 1. Name address & e-mail address of Claimant. 2. Detail of Amount of Claim & basis of Claim. 3. Date Claim Arabe. 4. All Documentation Supporting the Claim Beinh Made. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTANA ROAD, Suite #8 LAKE WORTH, FL 334161 | 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. |
|---|---|
| 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: 1. Name address & e-mail address of Claimant. 2. Detail of Amount of Claim & basis of Claimant. 3. Date Claim Arose. 4. All Documentation Supporting the Claim Being Made. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTANA ROAD, Suite #8 LAKE WOTTH, FL 334167 | This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. |
| Description of information that must be included in a claim: 1. Name address & e-mail address of claimant. 2. Detail of Amount of Claim & basis of claim. 3. Date Claim Arcse. 4. ALL DOCUMENTATION SUPPORTING THE CLAIM BEING MADE. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTAN & ROAD, Suite #8 LAKE WOTTH, FL 33461 | Name of Corporation: MALIBU PRODUCTIONS JUC. |
| 1. Name, address & e-mail address of claimant. 2. Detail of Amount of Claim & basis of claim. 3. Date claim Arose. 4. All Documentation Supporting the Claim Being Made. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTANA ROAD, Suite #8 LAKE WORTH, FL 334167 | Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. |
| 2. Detail of Amount of Claim & basis of Claim. 3. Date Claim Arose. 4. ALL DOCUMENTATION SUPPORTING THE CLAIM BEING MADE. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTAN A ROAD, Suite #8 LAKE WORTH, FL 334167 | Description of information that must be included in a claim: |
| 2. Detail of Amount of Claim & basis of Claim. 3. Date Claim Arose. 4. ALL DOCUMENTATION SUPPORTING THE CLAIM BEING MADE. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTAN A ROAD, Suite #8 LAKE WORTH, FL 334167 | 1. Name, address & e-mail address of claimant. |
| 4. AU DOCUMENTATION SUPPORTING THE CLAIM BEING MADE. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTANA ROAD, Suite #8 LAKE WOFTH, FL 334167 | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTAN A ROAD, Suite #8 LAKE WORTH, FL 33467 | 3. DATE CLAIM AROSE. |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6778 LANTAN A ROAD, Suite #8 LAKE WORTH, FL 33467 | 4. ALL DOCUMENTATION SUPPORTING THE CLAIM BEING MADE. |
| LAKE WORTH, FL 33467 | |
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| 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. | 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. |
| H. K. MELTON Printed Name of the Person Filing Signature of the Person Filing | H.K.MELTON |

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