

P99000066 796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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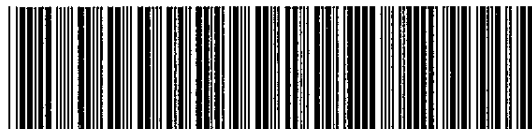
(Business Entity Name)

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9/17/04

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04 SEP 17 PM 12:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
04 SEP 17 AM 11:00
TALLAHASSEE, FLORIDA
STATE SECRETARY OF STATE

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 889853 5011226

AUTHORIZATION *Patricia Pigjits*

COST LIMIT : \$ 43.75

ORDER DATE : September 16, 2004

ORDER TIME : 9:03 AM

ORDER NO. : 889853-010

CUSTOMER NO: 5011226

CUSTOMER: Ms. Carrie L. Ramos
Grayrobinson, P.a.
Suite 1400
301 East Pine Street
Orlando, FL 32801

DOMESTIC FILINGS

File 2nd

NAME: TOUCHPORT, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

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SEP 17 AM 10:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
OF
TOUCHPORT, INC.

FILED
04 SEP 17 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I

The name of the corporation as currently filed with the Department of state is Touchport, Inc.

ARTICLE II

The document number of the corporation is P9900006796.

ARTICLE III


The dissolution was authorized on September 16, 2004.

ARTICLE IV

The dissolution was approved by the sole shareholder and therefore the number of votes cast for dissolution was sufficient for approval.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this 16th day of September, 2004.

TOUCHPORT, INC.

By: 
David S. Melnik, Director

TOUCHPORT, INC.

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 Section 607.1407, Florida Statutes.

Name of Corporation: Touchport, Inc.

Date of Dissolution: The date the articles of dissolution are filed with the Florida Department of state.

Description of information that must be included in a claim:

Name of Claimant
Address of Claimant
Description of Claim
Amount of Claim

Mailing address where claims can be sent:

Touchport, Inc.
200 Colonial Center Parkway
Suite 300
Lake Mary, Florida 32746

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced with 4 years after the filing of this notice.

TOUCHPORT, INC.

By: _____



David S. Melnik, Director