

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011144

**Entity Name:** KING MANGO PRODUCTIONS, INC.

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD #830  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD #830  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-4452537

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, MICHAEL L  
999 PONCE DE LEON BLVD #830  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LUCAS, MIKE  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, TREASURER  
Name BROWN, MICHAEL L  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name KURLAND, NATHAN  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, PRESIDENT  
Name LEVIN, CARL  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, VP  
Name GAUGER, JEREMY  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, SECRETARY  
Name KEPLEY, STEPHANIE  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SPEIGEL, HOWARD  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BURRITT, SAM  
Address 999 PONCE DE LEON BLVD #830  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL L BROWN

**TREASURER**

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date