

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N10000011144

Apr 29, 2015

Entity Name: KING MANGO PRODUCTIONS, INC.

**Secretary of State
CC9259755467**

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 D, P
Name LUCAS, MIKE
Address 6337 SW 39 TERRACE
City-State-Zip: MIAMI FL 33155

Title D, S, T
Name BROWN, MICHAEL L
Address 3001 PONCE DE LEON BLVD #211
City-State-Zip: CORAL GABLES FL 33134

Title D
Name CRISP, DEBORAH
Address 3109 MCDONALD STREET
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name HAYES, ALEX
Address 1900 TIGERTAIL AVENUE
City-State-Zip: COCONUT GROVE FL 33133

Title D, VP
Name IBARS, GEORGE
Address 3907 UTOPIA COURT
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name KURLAND, NATHAN
Address 3132 DAY AVENUE
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name MCCONNELL, SUE
Address 3090 VIRGINIA STREET
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name IBARS, FAYE
Address 3907 UTOPIA COURT
City-State-Zip: COCONUT GROVE FL 33133

Continues on page 2

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

D,S,T

04/29/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title D
Name PUJALS, DAVID
Address 4025 SW 9TH TERRACE
City-State-Zip: MIAMI FL 33134