# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N10000011144

Entity Name: KING MANGO PRODUCTIONS, INC.

#### **Current Principal Place of Business:**

3001 PONCE DE LEON BLVD #211 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

3001 PONCE DE LEON BLVD #211 CORAL GABLES, FL 33134

## FEI Number: 27-4452537

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

BROWN, MICHAEL L 3001 PONCE DE LEON BLVD #211 CORAL GABLES, FL 33134 US FILED Apr 29, 2014 Secretary of State CC8691043940

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	D, P	Title	D, S, T	
Name	LUCAS, MIKE	Name	BROWN, MICHAEL L	
Address	6337 SW 39 TERRACE	Address	3001 PONCE DE LEON BLVD #211	
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	CORAL GABLES FL 33134	
Title	D, VP	Title	D	
Name	KING, JACK	Name	- ASHMAN, THERESA	
Address	4031 EL PRADO BLVD	Address	329 VISCAYA AVENUE	
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	CORAL GABLES FL 33134	
Title	D	Title	D	
Title Name	D CRISP, DEBORAH	Title Name	D HAYES, ALEX	
Name	CRISP, DEBORAH	Name	HAYES, ALEX	
Name Address	CRISP, DEBORAH 3109 MCDONALD STREET	Name Address	HAYES, ALEX 1900 TIGERTAIL AVENUE	
Name Address City-State-Zip:	CRISP, DEBORAH 3109 MCDONALD STREET COCONUT GROVE FL 33133	Name Address City-State-Zip:	HAYES, ALEX 1900 TIGERTAIL AVENUE COCONUT GROVE FL 33133	
Name Address City-State-Zip: Title	CRISP, DEBORAH 3109 MCDONALD STREET COCONUT GROVE FL 33133 D	Name Address City-State-Zip: Title	HAYES, ALEX 1900 TIGERTAIL AVENUE COCONUT GROVE FL 33133 D	
Name Address City-State-Zip: Title Name	CRISP, DEBORAH 3109 MCDONALD STREET COCONUT GROVE FL 33133 D IBARS, GEORGE	Name Address City-State-Zip: Title Name	HAYES, ALEX 1900 TIGERTAIL AVENUE COCONUT GROVE FL 33133 D KURLAND, NATHAN 3132 DAY AVENUE	

## 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

Electronic Signature of Signing Officer/Director Detail

Date

#### **Officer/Director Detail Continued :**

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