

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002397

1. Entity Name

M & M ENTERTAINMENT & PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

7528 CLAYMONT RD
CHARLOTTE NC 28227

7528 CLAYMONT RD
CHARLOTTE NC 28227-1052

2. Principal Place of Business

9128 TOUCHSTONE LN

Suite, Apt. #, etc.

3. Mailing Address

9128 TOUCHSTONE LN

Suite, Apt. #, etc.

City & State

CHARLOTTE, NC

City & State

CHARLOTTE, NC

Zip

28227

Country

USA

Zip

28227

Country

USA

6. Name and Address of Current Registered Agent

MEADERS, HARLIS J
1736 NORTH MISSION RD APT C
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

MEADERS, HARLIS J

Street Address (P.O. Box Number is Not Acceptable)

1736 804 TEZGY DR.

City

TALLAHASSEE

FL

Zip Code
32303

8. 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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME MANCE, ISSAC H
STREET ADDRESS 7528 CLAYMONT RD
CITY-ST-ZIP CHARLOTTE NC 28227

TITLE P ☐ Delete
NAME MEADERS, HARLIS J
STREET ADDRESS 804 TEZGY DR
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003325615-2
CITY-ST-ZIP -07/18/00-01004-020
*****558.75 *****558.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISSAC H. MANCE 4-2-00 (704) 532-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED
AND
FILED

00 JUN 26 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2002213

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

(199)

11

AD