2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-27-2002 90413 024 ***150.00

DOCUMENT # J14912

1. Entity Name
~~ARTIE MALESCI, INC.~~
A.M.L. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
~~3137 GIFFORD LANE~~ 1207 NE 89 ST	~~313 GIFFORD LANE~~ PO. 106
~~MIAMI FL 33133~~	~~MIAMI FL 33133~~ Port Salerno
~~US~~ Miami, Florida 33138	US FL 34992

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1207 N.E 89 STREET	PO 106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Port Salerno FL
Zip: 33138 County: U.S.	Zip: 34992 Country: U.S.

4. FEI Number 59-2663706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, ROGER B
1120 SE BUTTONWOOD ~~COR~~ CIRCLE
~~#495~~
STUART FL 34997

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ______ 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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALESCI, ARTIE 3137 GIFFORD LANE MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL DOCUMENT

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: Artie Malesci ARTIE Malesci D/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #