

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004071

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: M.B.A. PRODUCTIONS, CORP.

**Current Principal Place of Business:**

6761 TARO STREET  
FORT PIERCE, FL 34945 US

**New Principal Place of Business:**

**Current Mailing Address:**

6761 TARO STREET  
FORT PIERCE, FL 34945 US

**New Mailing Address:**

1850 FOUNTAINVIEW BLVD.  
SUITE 103  
PORT SAINT LUCIE, FL 34986 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CLOUSE, LANCE D ESQ.  
1850 FOUNTAINVIEW BLVD.  
SUITE 103  
PORT ST. LUCIE, FL 34986 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DIR.  
Name: TURNER, TINA  
Address: 9815 S. US 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DIR.  
Name: KELLY, ADELBERT  
Address: 430 NW LAKE WHITNEY PLACE  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: DIR.  
Name: LOMBARDINO, DIANE  
Address: 2838 MARINA MILE BLVD., SUITE 109  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: DIR.  
Name: CLOUSE, LANCE  
Address: 1850 FOUNTAINVIEW BLVD., SUITE 103  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: LANCE CLOUSE

DIR

04/25/2012

Electronic Signature of Signing Officer or Director

Date