04/23/01 MON 10:40 FAX 954 761 8475 TRIPP SCOTT

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90007 047 ***150.00

DOCUMENT # P00000038926

1. Entity Name
MAINGATE PRODUCTIONS, INC

Principal Place of Business
1830 West BROWARD BLVD
FORT LAUDERDALE, FL 33312

Mailing Address
SAME

00056104

2. Principal Place of Business
1830 WEST SAME
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1000272
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ZIFRONY, MATTHEW
110 SE 6 STREET, 15 FL.
FORT LAUDERDALE, FL
33301

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
PRESIDENT GLENN JACKSON 1830 W. BROWARD BLVD. FORT LAUDERDALE, FL 33312	
SECRETARY GLENN JACKSON 1830 W. BROWARD BLVD. FORT LAUDERDALE, FL 33312	
TREASURER GLENN JACKSON 1830 W. BROWARD BLVD FORT LAUDERDALE FL 33312	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E074 (11/00)

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: Glenn Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

5-12-01 954-728-8707
Date Daytime Phone #