

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90160 004 \*\*\*150.00

**DOCUMENT # P01000003787**

1. Entity Name  
**N.M.A. PRODUCTIONS, INC.**

Principal Place of Business 7772 ALHAMBRA BLVD MIRAMAR FL 33023	Mailing Address 7772 ALHAMBRA BLVD MIRAMAR FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7772 Alhambra Blvd Suite, Apt. #, etc.	3. Mailing Address 7772 Alhambra Blvd Suite, Apt. #, etc.
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City & State Miramar FL	City & State Miramar FL	4. FEI Number 65-1064977	Applied For Not Applicable
Zip 33023	Country	Zip 33023	Country

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

6. Name and Address of Current Registered Agent  
**RAWLS, GLEN N**  
**7772 ALHAMBRA BLVD**  
**MIRAMAR FL 33023**

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: *Glen Rawls* DATE: *6/03/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**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	<b>D</b> <b>RAWLS, GLEN N</b> <b>7772 ALHAMBRA BLVD</b> <b>MIRAMAR FL 33023</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Cleora Rawls</i> <i>7772 Alhambra Blvd.</i> <i>Miramar, Fl. 33023</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 jke empowered.

SIGNATURE: *Glen Rawls* *Glen Rawls* 4/26/02 954-961-3305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)