


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90044 049 \*\*\*150.00

DOCUMENT #00000249323 1. Entity Name <i>NMA Productions, Inc.</i>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>7772 Alhambra Blvd.</i> State, Apt. #, etc.	3. Mailing Address <i>7772 Alhambra Blvd</i> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>Miramar FLA.</i>	City & State <i>Miramar FLA.</i>	4. FEI Number	Applied For <input type="checkbox"/> No; <input type="checkbox"/> Applicable
Zip <i>33023</i>	Country <i>USA</i>	Zip <i>33023</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Clyen Rawls 7772 Alhambra Blvd. Miramar, 33023</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Cleora Rawls 7772 Alhambra Blvd. Miramar, Fl. 33023</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), 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 10 or on an attachment with an address, with all other I-90 empowered.

SIGNATURE: *Cleora Rawls / Cleora Rawls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration Period

CR2E034B (12/02)