04/29/2004 12:47 3058573700 SPIEGELUTRER

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May 03, 2004 8:00 am
Secretary of State
05-03-2004 91060 009 ***150.00

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058321

1. Entity Name

L M G PRODUCTIONS INC.

DO NOT WRITE IN THIS SPACE

94082592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5401 COLLINS AVE.	5401 COLLINS AVE.
Suite, Apt. #, etc. 428	Suite, Apt. #, etc. 428
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33140 Country	Zip 33140 Country

4. FEI Number 65-1114194 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name LAZARO M. GONZALEZ

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

5401 COLLINS AVE., #428

City MIAMI BEACH FL Zip Code 33140

DO NOT WRITE IN THIS SPACE

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 LAZARO M. GONZALEZ 04/29/04

Signature, typed or printed name of registered agent and title if applicable — 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	PRESIDENT	TITLE	
NAME	LAZARO M. GONZALEZ	NAME	
STREET ADDRESS	5401 COLLINS AVE., #428	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO M. GONZALEZ 04/29/04

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