2003 FOR PROFIT CORPORATION

FILED Mar 06, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBF Secretary of State** P01000058321 DOCUMENT # 1. Entity Name 03-06-2003 90118 030 ***150.00 L M G PRODUCTIONS INC. Principal Place of Business Mailing Address 12521 SW 12TH LANE 12521 SW 12TH LANE MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address 5401 Collins Itranue 5401 Collins Avenue ☐ CHECK HERE IF MAKING CHANGES 428 4. FEI Number Applied For 65-1114194 Not Applicable Country Country USA \$8.75 Additional 33140 5. Certificate of Status Desired USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, LAZARO M Street Address (P.O. Box Number is Not Acceptable) 12521 SW 12TH LANE MIAMI FL 33184 8. The above named e entifor 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 r SIGNATURE K egistered agent and title if applicable. -FEÉ IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLÉ ☐ Delete TITLE K Change ■ Addition NAME GONZALEZ, LAZARO M NAME 12521 SW 12TH LANE STREET ADDRESS Stol Collins Avenue # 428 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP MIANU Beach, E. 33140 TITLE **VD** ☐ Delete TITLE Change ☐ Addition NAME GONZALEZ, MANUEL NAME STREET ADDRESS 12521 SW 12TH LANE 5401 CORING AVENUE #428 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33184** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 amounted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP