

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90151 001 ***158.75

DOCUMENT # P01000086814
1. Entity Name
M & M USA, PRODUCTIONS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5230 NW 109 AVENUE</u>		3. Mailing Address <u>SAME</u>	
Suite, Apt. #, etc. <u>#1</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>FL.</u>	
Zip <u>33178</u>	Country <u>USA.</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1145708</u>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>MIGUEL E. CANSAHUACA</u>
Street Address (P.O. Box Number is Not Acceptable) <u>5230 NW 109 Ave.</u>
<u>#1</u>
City <u>MIAMI</u>
State <u>FL</u>
Zip Code <u>33178</u>

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 _____ DATE 06/05/02
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. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>MIGUEL E. CANSAHUACA</u> <u>5230 NW 109 AVENUE #1</u> <u>MIAMI, FL 33178</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Cansahuaca DATE 06/05/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)