## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # P01000095448 1. Entity Name M & M PRODUCTIONS OF S FLA INC 05-20-2002 90076 038 \*\*\*150 00 Principal Place of Business Mailing Address LEE COUNTY JUSTIC CENTER 2828 JACKSON STREET 1700 MONROE STREET VILLA CAPRI M-3 FORT MYERS FL 33901 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1141295 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent PIERCE, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 2828 JACKSON STREET VILLA CAPRI M-3 FORT MYERS FL 33901 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME PIERCE, MICHAEL E NAME STREET ADDRESS 2828 JACKSON ST VILLA CAPRI M-3 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LESTER, MARILYN C NAME STREET ADDRESS 2828 JACKSON ST VILLA CAPRI M-3 STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33901 CITY-ST-ZIP Delete• TiTl F~ ----- Change - - - Addition ≥ -NAME NAME STREET ADDRESS STREET ADDRESS

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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 Block 12 if

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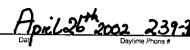
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SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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