2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000111113

Entity Name: MMM HOLDINGS, INC.

Current Principal Place of Business:

218 ACADIA TERRACE
CELEBRATION, FL 34747

New Principal Place of Business:

5087 AVENUE OF THE STARS
KISSIMMEE, FL 34746

Current Mailing Address:

P.O. BOX 470367
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 69-0004560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYERS, JARED M
218 ACADIA TERRACE
CELEBRATION, FL 34747

Name and Address of New Registered Agent:

MEYERS, JARED M
5087 AVENUE OF THE STARS
KISSIMMEE, FL 34746

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: JARED M MEYERS 03/06/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: MEYERS, JARED M
Address: 218 ACADIA TERRACE
City-St-Zip: CELEBRATION, FL 34747

Title: ST ( ) Delete
Name: MEYERS, NEIL S
Address: 218 ACADIA TERRACE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: MEYERS, JARED M
Address: 5087 AVENUE OF THE STARS
City-St-Zip: KISSIMMEE, FL 34746

Title: ST (X) Change ( ) Addition
Name: MEYERS, NEIL S
Address: 5087 AVENUE OF THE STARS
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JARED M MEYERS P 03/06/2002
Electronic Signature of Signing Officer or Director Date