

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

DOCUMENT # P01000 116518

1. Entity Name

Emojah Productions, Inc.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91167 014 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

179 22 N.W. 48th Place

Suite, Apt. #, etc.

3. Mailing Address

179 22 N.W. 48th Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Opa-Locka, Florida

City & State

Opa-Lock, Florida

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

Zip

33055

Country

United States

Zip

33055

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Betty Bodkin

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

Akerman, Senterfitt & Edison, P.A.

One S.E. 3rd Avenue, 28th Floor

City

Miami

FL

Zip Code
33131

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Jeremiah Goldware
STREET ADDRESS	179 22 N.W. 48th Place
CITY-ST-ZIP	Opa-Locka, Florida 33055
TITLE	V
NAME	LaShun Goldware
STREET ADDRESS	179 22 N.W. 48th Place
CITY-ST-ZIP	Opa-Locka, Florida 33055
TITLE	AV
NAME	Gloria Webb
STREET ADDRESS	10155 S.W. 171 Street
CITY-ST-ZIP	Miami, Florida 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

LaShun Goldware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(305) 622-6962

Daytime Phone #