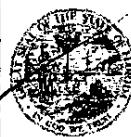


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119964

1. Entity Name

MY S PRODUCTION. INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 W 49TH ST

3. Mailing Address

Suite, Apt. #, etc.
524

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State

Zip
33012

Country
USA

Zip

Country

4. FEI Number

60-0001252

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Maria Diaz Sancora*

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

2660 SW 37 AV AP 604

City *Miami*

FL

Zip Code
33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Diaz Sancora*

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

(NOTE: Registered Agent signature required when changing)

DATE

Mayo 19/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **JUAN A DIAZ**
STREET ADDRESS **900 W 49TH ST - SUITE 524**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten signature]*

Signature, type or printed name of officer or director

Date

Daytime Phone #

CR2E034B (12/02)