2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000004163

1. Entity Name

MANTLE ENTERTAINMENT & PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1034 NW 51 STREET	1034 NW 51 STREET
MIAMI, FL 33127	MIAMI, FL 33127

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DO NOT WRITE IN THIS SPACE

03162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
04-3588058	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REESE, JOHN
1034 NW 51 STREET
MIAMI, FL 33127

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	1P
NAME	REESE, JOHN V
STREET ADDRESS	1034 NW 51 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	2P
NAME	JACKSON, LEMUEL
STREET ADDRESS	25780 SW 127 COURT
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	V
NAME	ROBERTS, THOMAS
STREET ADDRESS	850 NW 213TH LANE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #