FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90739 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000014176

1. Entity Name
B & M PRODUCTION ENTERPRISES, INC.

90122951

Principal Place of Business	Mailing Address
1730 BARLETT AVE. ORANGE PARK, FL 32073	1730 BARLETT AVE. ORANGE PARK, FL 32073

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2350 Herschel ST	P.O. Box 6279
Suite, Apt. #, etc. #3	Suite, Apt. #, etc.
City & State Jax, FL	City & State Jax, FL
Zip 32204 Country USA	Zip 32236 Country USA

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY P P.A.
1016 LASALLE ST.
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number Is Not Acceptable) N/A
City N/A FL Zip Code N/A

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] 4/30/03
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, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULHERON, MICHAEL PO BOX 6279 JACKSONVILLE, FL 32236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ryan Bickerton Same	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, BRIAN PO BOX 6279 JACKSONVILLE, FL 32236	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~Ryan Bickerton~~ ~~P.O. Box 6279~~ ~~Jax, FL 32204~~	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/30/01 (904) 505-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #