

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90102 027 ***150.00

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1. Entity Name
MATRIX PRODUCTIONS, INC.



Principal Place of Business
**2552 E YORK ST STE 2
OPA-LOCKA FL 33054**

Mailing Address
**2552 E YORK ST STE 2
OPA-LOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

PO BOX 54-1095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Opa-locka, Florida

4. FEI Number

Applied For

68-0504922

Not Applicable

Zip

Country

Zip

Country

33054

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, VELONA
2552 E YORK ST STE 2
OPA-LOCKA FL 33054**

Name

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

City

FL

Zip Code

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)

March 4, 2003
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 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCEO	LAWRENCE, VELONA	2552 E YORK ST STE 2	OPA-LOCKA FL 33054	<input type="checkbox"/>
PV	LAWRENCE, MARIA	2552 E YORK ST STE 2	OPA-LOCKA FL 33054	<input type="checkbox"/>
D	DIXON, JANICE	2552 E YORK ST STE 2	OPA-LOCKA FL 33054	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	L.C.E.O Lawrence, Velona	2552 East York Street Ste 2	Opa-locka Florida 33054	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Lawrence, Maria	2552 East York Street Ste 2	Opa-locka, Florida 33054	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 2003 954-709-8440
Date Daytime Phone #

CR2E034 (10/02)