2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT

P02000066158

MATTHEWS PRODUCTION COMPANY, INC.



FILED Jul 09, 2003 8:00 am Secretary of State 07-09-2003 90034 014 ***550.00

02-25-2003 90137 047 ***150.00

					<u></u>	N. S.						
Principal Place of Business 126 THIRD AVENUE NORTH.			126 TH	Mailing Address 126 Third Avenue North. #100 SAFETY HARBOR FL 34695								
2. Principal P	lace of Busine	3. Mailin	3. Mailing Address					<u> </u>	13			
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е	City &	City & State				4. FEI	Number - 0628 "	130		oplied For ot Applicable	
Zip		Country	Zip	Zip Cour			5. Certificate of Status Des			sired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent								7. Nan	ne and Address of Ne	w Registered	lgent	
						Name						
HYDER, B	RIAN		Commence of the Commence of th			Street Address (P.O. Box Number is Not Acceptable)						
126 THIRD AVENUE NORTH, #100 SAFETY HARBOR FL 34695						Sireet Add	uress (r.)	U. BOX	Number is Not Accepta			
SAFEIT	IARĐUK FL	34093				City	·				Zip Cod	
						J.I.				FL]]
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 - 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 - 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 - 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 typed o	r printed name of registered age	nt and title il applica	able. (NOTE:	Registere	a Agent signature	required wi	nen reinsta	ating)	DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State									9. Election Campaigr Trust Fund Contrib			May Be d to Fees
10. OFFICERS AND DIRECTORS								ADDIT	TIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete	TITLE	-					Change	Addition
NAME STREET ADDRESS	CARETTY HADDOD EL GAGGE			0		E ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE	:			Delete	TITLE						☐ Change	Addition
NAME					NAMI							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
TITLE				☐ Delete	TITLE	~_ ~_ ~		- حات د ارات			Change	☐ Addition
NAME	,				NAMI							-
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	TITLE	 -					□ Change	Addition
NAME				f"1 Delete	NAME						Change	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP		•				
TITLE				☐ Delete	TITLE					-	☐ Change	Addition
NAME					NAM							·
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						}
TITLE				Delete	TITLE						☐ Change	Addition
NAME					NAME	1						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						ŀ
12. I hereby o	ertify that the	information supplied wi	th this filing de	nes not qualify for t	┸		d in Secti	ion 119	07(3)(i) Florida Statut	es I further cer	tify that the in	nformation

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 of the corporation of the receiver of the rece

SIGNATURE:

Daytime Phone #