


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90093 027 ***150.00

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DOCUMENT # P02000067381	
1. Entity Name MJ PRODUCTIONS, INC.	

Principal Place of Business 20894 ESCUDO DRIVE BOCA RATON FL 33433	Mailing Address 20894 ESCUDO DRIVE BOCA RATON FL 33433
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

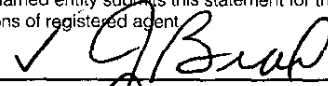
☐ CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number 22-3859272	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132
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7. Name and Address of New Registered Agent Name Joseph Biase Street Address (P.O. Box Number is Not Acceptable) 20894 Escudo Drive City Boca Raton FL Zip Code 33433

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  Joseph Biase <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>	DATE 9/9/03

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BIASE, JOSEPH 20894 ESCUDO DRIVE BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CAVALLO, MICHAEL 20894 ESCUDO DRIVE BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Joseph Biase <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	9-8-03 <small>Date</small>	<small>Daytime Phone #</small>
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CR2E034 (4/03)

ATTACHMENT

SOMMERS, EVERHART & KOHLER, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

JAMES P. EVERHART, C.P.A.
R. HAGAN KOHLER, C.P.A.
BARBARA K. SOMMERS, C.P.A.
CATHERINE J. GARCIA, C.P.A.
DENISE B. ALPERT, C.P.A.

90156724
P02000067381

380 COLUMBIA DRIVE • SUITE III
WEST PALM BEACH, FLORIDA 33409

TELEPHONE (561) 640-9800
FAX (561) 640-8380

September 8, 2003

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: MJ Productions, Inc.

Ladies and Gentlemen:

Enclosed is the executed 2003 Uniform Business Report, together with a filing fee of \$150, for the above named taxpayer.

We respectfully request that you waive the late filing fee because of reasonable cause. The taxpayer did not receive the first filing form from the State of Florida because of the address for the Registered Agent. Consequently, the Registered Agent has been changed on the Uniform Business Report.

The taxpayer did not willfully disobey the law but through circumstances beyond his control, the report was not timely filed. The taxpayer corrected the oversight as soon as possible.

If you have any questions please do not hesitate to contact me.

Very truly yours,

Barbara K. Sommers

Barbara K. Sommers

BKS:jsh

Enclosures

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