## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 23, 2004 8:00 am DOCUMENT # P02000129914 **Secretary of State** 1. Entity Name 02-23-2004 90055 029 \*\*\*150.00 M B PRODUCTIONS, INC. Principal Place of Business Mailing Address 247 CONNIE LEE CT. 247 CONNIE LEE CT. LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Bysiness 6306 CENTRI AVC N.W 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 13-4727558 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 247 CONNIE LEE CT. LAKELAND FL 33809 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE BAKER, MICHAEL A NAME NAME 247 CONNIE LEE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE BAKER, SHIRLEY A NAME NAME STREET ADDRESS 115 CONNIE LEE CT. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-7IP Delete TITLE Change Addition TITLE NAME BAKER, CYNTHIA ----NAME STREET ADDRESS STREET ADDRESS 247 CONNIE LEE CT. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED