

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90082 031 ***558.75

DOCUMENT # P03000063515	
1. Entity Name LIVE AND LET LIVE PRODUCTIONS, INC.	

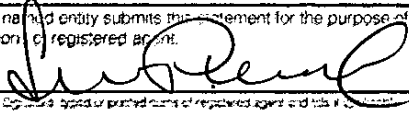
Principal Place of Business 2280 N.W. 35TH ST. MIAMI, FL 33142	Mailing Address 2280 N.W. 35TH ST. MIAMI, FL 33142
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08112005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0883114	Applied For ☐ Not Applicable
5. Certificate of Status Declared ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKNIGHT, JANET 2020 OPALOCKA BLVD OPA LOCKA, FL 33054	7. Name and Address of New Registered Agent Name Teonantha P. Manley Street Address (P.O. Box Number is Not Acceptable) 20295 N.W. 2nd Ave., Suite 216 City Miami Gardens FL Zip Code 33169
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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 obligation of registered agent.	SIGNATURE  8/11/05
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES (LEBRUB) WILLIAM <i>spelled incorrectly</i> 2280 N.W. 35TH ST. MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lebrun, William 2280 N.W. 35th Street Miami, FL 33142
TITLE NAME STREET ADDRESS CITY-CT-ZIP	V.P. WIGGINS, KEVIN 2280 NW 35TH STREET MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-CT-ZIP	
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TITLE NAME STREET ADDRESS CITY-CT-ZIP		TITLE NAME STREET ADDRESS CITY-CT-ZIP	
TITLE NAME STREET ADDRESS CITY-CT-ZIP		TITLE NAME STREET ADDRESS CITY-CT-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 changed, or on an attachment with an address, which covers the empowered.

SIGNATURE:  8/11/05	(805) 804-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	