

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050871

Entity Name

M H PRODUCTIONS, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90304 001 ***150.00

Principal Place of Business Mailing Address
WESTFALL ROAD 6141 WESTFALL ROAD
LAKE WORTH FL 33463 LAKE WORTH FL 33463-5826
USA

Principal Place of Business 3. Mailing Address
6141 Westfall Road Suite, Apt. #, etc.

City & State Lake Worth Fla 33463 City & State
Zip Country Zip Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0522440 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMANN, MICHAEL J
6141 WESTFALL ROAD
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust/Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP HOFFMANN, MICHAEL J 6141 WESTFALL RD LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HOFFMANN, CANDACE A 6141 WESTFALL RD LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Candace A. Hoffmann

CANDACE A. HOFFMANN Secretary (Treasurer)

24 April 2000

Date

439-4523

Daytime Phone #

CR2E034 (9/99)