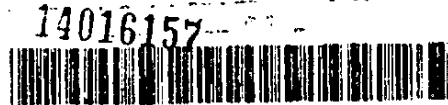


FROM : SSJ CPA

FAX NO. : 7273840723

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90102 044 ***150.00

DOCUMENT # P950000809851. Entity Name
M.I. PRODUCTIONS INCPrincipal Place of Business
**3541 62ND AVE. N.
PINELLAS PARK, FL 33781**Mailing Address
**3541 62ND AVE. N.
PINELLAS PARK, FL 33781**

04122005 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3348324

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****IRVIN, MICHAEL
3541 62ND AVE. N.
PINELLAS PARK, FL 33781****DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature is required when registering.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	IRVIN, MICHAEL
STREET ADDRESS	3541 62ND AVE. N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 enclosures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR7/14/05 727 515 8501
Date Filing Phone