FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90675 001 *2,850.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054723

55029842

1. Entity Name
M.J. WRIGHT PRODUCTIONS, INC.

Principal Place of Business
5260 W. IRAO BRONSON ROAD
SUITE 48
KISSIMMEE, FL 34746 US

Mailing Address
5260 W. IRAO BRONSON ROAD
SUITE 48
KISSIMMEE, FL 34746 US

2. Principal Place of Business		3. Mailing Address	
2701 SPIVEY LANE		2701 SPIVEY LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip: 32837	Country: USA	Zip: 32837	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3387251 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, MARLON 2101 SPIVES LANE ORLANDO, FL 32837	Name: MALCOLM J WRIGHT Street Address (P.O. Box Number is Not Acceptable): 2701 SPIVEY LANE City: ORLANDO FL Zip Code: 32837

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] PRESIDENT 4-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1st 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	WRIGHT, MALCOLM JOHN		NAME	MALCOLM J. WRIGHT	
STREET ADDRESS	2701 SPIVEY LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	TSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WRIGHT, GILLIAN		NAME		
STREET ADDRESS	2701 SPIVEY LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] MALCOLM J WRIGHT 4-21-03 407-421-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #