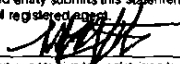


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90675 001 *2,850.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000054723			
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 2701 SPIVES LANE Suite, Apt. #, etc.		3. Mailing Address 2701 SPIVES LANE Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32837	Country USA	Zip 32837	
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 WRIGHT, MARLON 2701 SPIVES LANE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name MALCOLM S WRIGHT Street Address (P.O. Box Number is Not Acceptable) 2701 SPIVES 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  PRESIDENT DATE 4-21-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when releasing.)			
FILE NOW WITH FEE OF \$150.00 After May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, MALCOLM JOHN 2701 SPIVES LANE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALCOLM S WRIGHT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WRIGHT, GILLIAN 2701 SPIVES LANE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  MALCOLM S WRIGHT DATE 4-21-03 407-421-6660 Sign, type, and typed or printed name of signing officer or director		Cash Daytime Phone #	

CH2E034 (10/02)