

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008100

1. Entity Name

MOTHERSHIP PRODUCTIONS, INC.

Principal Place of Business

2310 N. VERMONT AVE
LOS ANGELES CA 90027

Mailing Address

1954 HILLHURST AVE
LOS ANGELES CA 90027-2722

2. Principal Place of Business

3954 FARMOUTH DR.

Suite, Apt. #, etc.

3. Mailing Address

3954 FARMOUTH DR.

Suite, Apt. #, etc.

City & State

LOS ANGELES CA

City & State

LOS ANGELES CA

Zip

Country

90027

U.S.A.

Zip

Country

90027

U.S.A.

4. FEI Number

65-0724957

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

SMITH, ROBERT B ESQ
THE WHITE BUILDING
SUITE 208
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SALTZMAN, IRA R
2310 N. VERMONT AVE
LOS ANGELES CA 90027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3954 FARMOUTH DRIVE
LOS ANGELES CA 90027 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MARTIN, CRAIG
2310 N. VERMONT AVE
LOS ANGELES CA 90027 ☒ 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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IR R. SALTZMAN 4/1/00 - 323/661-4700

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90081 029 ***158.75



DO NOT WRITE IN THIS SPACE

11-0010-00001