

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000066867**1. Entity Name
MAPP PRODUCTIONS, INC.

Principal Place of Business

2638 VILLA WAY

EUSTIS
32726

FL

US

Mailing Address

3425 LAKE CENTER DR

MOUNT DORA
32757

FL

US

2. Principal Place of Business

3425 LAKE CENTER DRIVE

Suite, Apt. #, etc.
SUITE 1City & State
MOUNT DORA

FL

Zip
32757Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3460616

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUGHES F. FRANCIS JR.
2638 VILLA WAYEUSTIS
32726

FL

US

7. Name and Address of New Registered Agent

Name

HUGHES F. FRANCIS JR.

Street Address (P.O. Box Number is Not Acceptable)
3425 LAKE CENTER DRIVE

SUITE 1

City
MOUNT DORA

FL

Zip Code
32757

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 _____ 01/29/2001

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, 2001 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

TITLE	S	<input type="checkbox"/> Delete
NAME	HUGHES, JR FRANCIS F	
STREET ADDRESS	2638 VILLA WAY	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIZARDI BURGOS PEDRO	
STREET ADDRESS	2638 VILLA WAY	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHES MICHAEL C	
STREET ADDRESS	2638 VILLA WAY	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JR FRANCIS F	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIZARDI BURGOS PEDRO	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES MICHAEL C	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: michael c hughes

pd

01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)