

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90168 041 ***150.00

DOCUMENT # P98000000613

1. Entity Name
M. G. PRODUCTIONS, INC.



Principal Place of Business
2232 ~~TEM~~ OAKS DR.
TALLAHASSEE FL 32312

Mailing Address
2232 ~~TEM~~ OAKS DR.
TALLAHASSEE FL 32312

2. Principal Place of Business
2232 Ten OAKS DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL.
Zip
32312

City & State

Zip

Country

4. FEI Number 65-0807866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, R. VINCENT
728 EAST SIXTH AVENUE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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. 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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$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

TITLE P
NAME GOLDSTEIN, MARVIN A
STREET ADDRESS 2471 DUSKY CT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE VP
NAME GOLDSTEIN, LUCIE
STREET ADDRESS 2471 DUSKY CT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE S
NAME GOLDSTEIN, MARVIN A
STREET ADDRESS 2471 DUSKY CT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE T
NAME GOLDSTEIN, LUCIE
STREET ADDRESS 2471 DUSKY CT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2232 Ten OAKS DRIVE
CITY-ST-ZIP Tallahassee FL 32312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2232 Ten OAKS DR.
CITY-ST-ZIP Tallahassee FL 32312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2232 Ten OAKS DR.
CITY-ST-ZIP Tallahassee FL 32312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2232 Ten OAKS DR.
CITY-ST-ZIP Tallahassee FL 32312 ☒ Change ☐ Addition

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03

850-668-4433