

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90699 037 ***150.00

DOCUMENT # P98000035461

1. Entity Name

M.S.H. PRODUCTIONS, INC.

Principal Place of Business

**330 NE 192 ST APT 1012
 AVENTURA FL 33180**

Mailing Address

**P.O. BOX 80-0239
 AVENTURA FL 33280-0239**

2. Principal Place of Business

3. Mailing Address

363 Poinciana Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles, FL

City & State

Zip

Country

33160 U.S.

Zip

Country

4. FEI Number

60-0836569

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

KLEIN, JONAS

**3300 N.E. 192ND STREET, SUITE 1012
 AVENTURA FL 33180**

Name

Klein, Jonas

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

363 Poinciana Island Dr.

City

Sunny Isles

FL

Zip Code

33160

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, 2002 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

**P
 KLEIN, JONAS
 3300 NE 192ST APT 1012
 AVENTURA FL 33180**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VP
 SZEGNER, EMIL
 3300 NE 192ST APT 1101
 AVENTURA FL 33180**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 Klein, Jonas
 363 Poinciana Island Dr.
 Sunny Isles, FL 33160**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VP
 Szegner, Emil
 17041 Biscayne Blvd #404**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02

Date

305-944-3430

Daytime Phone #

CR2E034 (9/01)