

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065091

Entity Name: MMR PRODUCTIONS, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

2200 NW 2ND AVE.
SUITE 217
BOCA RATON, FL 33431

New Principal Place of Business:

P.O. BOX 970207
COCONUT CREEK, FL 33097

Current Mailing Address:

P.O. BOX 970207
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 65-0861787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PELLIGRINELLI, JACK M
Address: 2200 NW 2ND AVE.
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PELLIGRINELLI, JACK M
Address: P.O. BOX 970207
City-St-Zip: COCONUT CREEK, FL 33097

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK PELLIGRINELLI

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05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date