

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0071388

DOCUMENT # P99000045753

1. Entity Name

MONCHI MAN PRODUCTIONS, INC.

05-15-2001 90171 049 ***150.00

Principal Place of Business

Mailing Address

7380 SAND LAKE RD. STE. 350
 ORLANDO FL 32819

7380 SAND LAKE RD. STE. 350
 ORLANDO FL 32819

00052652

2. Principal Place of Business

3. Mailing Address

7680 Universal Blvd.

7680 Universal Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 565

Suite 565

City & State

City & State

ORLANDO, FL

Orlando, FL

Zip

Country

Zip

Country

32819

USA

32819

USA

4. FEI Number

59-3582032

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

HANNA, DAVID H JR.

7380 SAND LAKE RD. STE. 350
 ORLANDO FL 32819

Name

DAVID PIERFY

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

7680 Universal Blvd., Suite 565

City

Orlando

FL

Zip Code

32819

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]

Signature, by typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME D
 STREET ADDRESS MOLINA, RAUL
 CITY-ST-ZIP 7380 SAND LAKE RD. STE. 350
 ORLANDO FL 32819

TITLE Change Addition
 NAME D
 STREET ADDRESS MOLINA, RAUL
 CITY-ST-ZIP 7680 Universal Blvd., Ste 565
 Orlando, FL 32819

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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Change Addition
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 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 registrar 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 another like empowered.

SIGNATURE:

[Signature] Raul Molina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01

Daytime Phone #

407-363-7040

CR2E034 (10/00)