

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State
 08-02-2000 90006 021 ***150.00

DOCUMENT # **7 P99000058093**

1. Entity Name
3M Productions, Inc.

Principal Place of Business
11750 NE 16th Ave.
N. Miami, FL 33161

Mailing Address
Same

2. Principal Place of Business
13233 SW 50th Street
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 680872
 Suite, Apt. #, etc.

City & State
Miramar, FL
 Zip
33027
 Country
USA

City & State
Miami, FL
 Zip
33168
 Country
USA

4. FEI Number
65-0940021

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
Michael S. Bloom, Esquire
901 N.E. 125th Street
North Miami, FL 33161

7. Name and Address of New Registered Agent
 Name
Venol C. Adams, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
5546 W. Oakland Park Blvd.
Suite #220
 City
Wauderhill **FL** Zip Code
33313

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 **Venol C. Adams, Esq.**  **July 12/2000**
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, 2000 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	President + CEO	<input checked="" type="checkbox"/> Delete	TITLE	President + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darryl Martin		NAME	JOSEPH P. McMullen	
STREET ADDRESS	11750 NE 16th Ave.		STREET ADDRESS	13233 SW 50th Street	
CITY-ST-ZIP	N. Miami, FL 33161		CITY-ST-ZIP	Miramar, FL 33027	
TITLE		<input type="checkbox"/> Delete	TITLE	Chairman + COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Christopher A. Morely	
STREET ADDRESS			STREET ADDRESS	8491 NW 23rd Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33147	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **David Patrick McMullen** **7/23/00 305-829-6507**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
P 99000058093
D0076071

**CERTIFICATE AND ACKNOWLEDGMENT
OF
REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT OF
3MPRODUCTIONS, INC.**

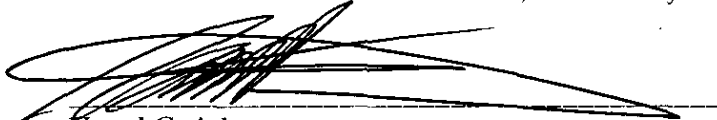
Pursuant to Florida Statutes Sections §§ 48.091, 607.0501, the following is submitted:

The above Corporation, desiring to organize under the Laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 5546 West Oakland Park Blvd., Suite #220, Lauderhill Florida, has named VENOL C. ADAMS, ESQ., located at the aforesaid address, as its Registered Agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

IN WITNESS THEREOF, the undersigned has executed this Certificate of Registered Agent of 3MPRODUCTIONS, INC. on this, the 25th day of July, 2000.



Venol C. Adams

3MProductions Inc

PO BOX 680872
Miami, Florida 33168

Attachment
P99000058093

D0076071

July 23, 2000

Uniform Business Report
Divisions of Corporations
P.O. BOX 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I Joseph Patrick McMullen President & CEO of 3MProductions Inc, am writing this letter to inform the Division of Corporations that 3MProductions did not receive the first nor the second mailing of the form for annual reporting. On your record our mailing address is 11750 Northeast 16th Avenue North Miami, Florida 33161 suite 109, but in actuality our address is as follows.

Physical address:

3MProductions Inc
13233 S.W. 50th street
Miramar, Florida 33027

Mailing Address:

3MProductions Inc
P.O.BOX 680872
Miami, Florida 33168

Please excuse our corporation for this oversight and thank you for your understanding of this situation.

Sincerely,


Joseph Patrick McMullen

President & CEO 3MProductions Inc