

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-990000 670 65

1. Entity Name

MAD\$ Production Enterprise, Inc
13313 West Dixie Highway,
Miami, FL 33161

Principal Place of Business

13313 West Dixie Highway
Miami, FL 33161

Mailing Address

13313 West Dixie Highway
Miami, FL 33161

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0937449

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jeannette A. Andrews-Thompson
P.O. Box 510605
Miami, 33151

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.

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DARRAN L. MOORE 2268 NW 81 Terrace MIAMI, FL 33147	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice PRES Lawrence Moore 2268 NW 81 Terrace MIAMI, FL 33147	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SAMUEL MOORE 2268 NW 81 Terrace MIAMI, FL 33147	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SAMUEL MOORE 2268 NW 81 Terrace MIAMI, FL 33147	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

Darran Moore

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90005 049 ***150.00

DO NOT WRITE IN THIS SPACE