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05-08-2000 90214 009 \*\*\*150.00

**MEMORY LANE PRODUCTIONS, INC.**

Mailing Address **MEMORY LANE PRODUCTIONS**  
#600-1040 BAYVIEW DR. 16919 N.W. 57th Ave  
FT. LAUDERDALE FL 33304 Miami, FL 33055



DO NOT WRITE IN THIS SPACE

3. Mailing Address  
Memory Lane Productions Inc.

Suite, Apt. #, etc. 169 (9 111) 57th Ave.

City & State  
MIAMI FL

Zip 33055	Country USA
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4. FEI Number	<input checked="checked" type="checkbox"/> Applied For
EIN 65-0975766	<input type="checkbox"/> 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

Name B & G Services George Morris  
Street Address 16919 N.W. 57th Ave.  
~~16919~~  
City MIAMI FLORIDA FL Zip Code 33055

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 George Morris   
Signature, type, 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
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<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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 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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (305) 270 7625  
Date Daytime Phone #

CR2E034 (9/99)