2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90044 021 ***150.00

DOCUMENT # P99000098357

1. Entity Name
MW PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2560 S.OCEAN BLVD	2560 S.OCEAN BLVD
Suite, ~~Apt. #, etc.~~ 515	Suite, ~~Apt. #, etc.~~ 515
City & State: PALM BEACH, FL	City & State: PALM BEACH, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0959607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ~~X~~ NO ~~X~~ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: HELENE MOUTY

Street Address (P.O. Box Number is Not Acceptable): 2560 S.OCEAN BLVD #515

City: PALM BEACH FL Zip Code: 33480

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: X H Mouty
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: APRIL 18th 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	Helene Mouty
STREET ADDRESS	2560 S.OCEAN BLVD #515
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	OPERATIONS VICE PRESIDENT
NAME	VAZQUEZ, JOSE
STREET ADDRESS	2560 S.OCEAN BLVD #515
CITY-ST-ZIP	Palm Beach FL 33480
TITLE	VP
NAME	VAQUER, JEAN-MARC
STREET ADDRESS	2560 S.OCEAN BLVD #515
CITY-ST-ZIP	Palm Beach FL 33480
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X H Mouty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 18TH 2002

Daytime Phone #: (561) 547 6351