

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S32017	
1. Entity Name MZM PRODUCTIONS, INC.	

Principal Place of Business 16101 ABERDEEN WAY MIAMI LAKES FL 33014	Mailing Address C/O HMD 16100 NE 16 AVE NO. MIAMI BEACH FL 33162
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0254758**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
LOTSPEICH, BRADSHAW 950 S. MIAMI AVENUE MIAMI FL 33130-4121	

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

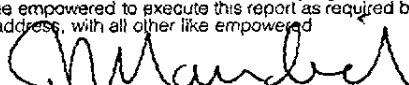
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MANDICH, JAMES M.			NAME			
STREET ADDRESS	16101 ABERDEEN WAY			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL			CITY-ST-ZIP			
TITLE	STD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MANDICH, BONNIE			NAME			
STREET ADDRESS	16101 ABERDEEN WAY			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

100000430883 ☐ Change ☐ Add
02/23/06-30004-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____