
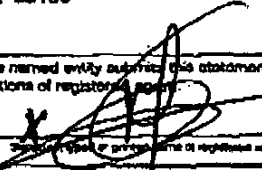
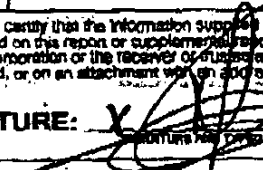


FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90008 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000087713			
1. Entity Name MCS PRODUCTIONS, INC.			
Principal Place of Business 7220 N W 36TH STREET SUITE 510 MIAMI, FL 33166		Mailing Address 7220 N W 36TH STREET SUITE 510 MIAMI, FL 33166	
2. Principal Place of Business 18569 SW 50 Ct.		3. Mailing Address 18569 SW 50 Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar, Fl.		City & State MIRAMAR, FL.	
Zip 33029	Country USA	Zip 33029	Country USA
4. FEI Number 54-2067827		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CIMARRO, MARIO 7220 N W 36TH STREET SUITE 510 MIAMI, FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) 18569 SW 50 Ct. City MIRAMAR FL Zip Code 33029	
8. The above named entity authorizes 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 		DATE	
NOTE: Registered Agent signature required when addressing.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CIMARRO, MARIO 7220 N W 36TH STREET, SUITE 510 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	18569 SW 50 Ct. Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D STREIGNARD, NATALIA 7220 N W 36TH STREET, SUITE 510 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	18569 SW 50 Ct. Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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 of a dissolved corporation 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.			
SIGNATURE: 		DATE	

54000737



01092004 Chg-P CR25034 (10/03)

Attachment

54000737

#PO 2000087713

INSTRUCTIONS INSTRUCCIONES INSTRUCCIONES

TO: MCS PRODUCTIONS

FORM-FORMULARIO: ANNUAL REPORT

PLEASE, issue a check in the amount of
FAVOR emitir un cheque no valor de \$ 150.00
POR FAVOR emita un cheque en la suma de \$

TO : A NONBRE DE : NOMINAL A:

- YOUR BANK - SU BANCO - SEU BANCO
- US TREASURY
- FLORIDA U.C. FUND
- FLORIDA DEPARTMENT OF REVENUE
- CITY OF MIAMI
- DADE COUNTY TAX COLLECTOR
- DEPARTMENT OF STATE

SIGN ATTACHED DOCUMENT WHERE MARKED
ASSINAR O FORMULARIO ANEXO ONDE ESTA MARCADO COM UM
FIRME EL FORMULARIO DONDE ESTA INDICADO

DATE THE FORM - DATAR ONDE MARCADO - ANOTE LA FECHA

DEPOSIT THE CHECK IN YOUR BANK WITH FORM 8109
DEPOSITAR O CHEQUE E O FORMULARIO 8109 NO SEU BANCO
DEPOSITE SU CHEQUE COM FORMULARIO 8109 EN EL BANCO

PLEASE RETURN TO US FORM AND CHECK
FAVOR DEVOLVER-ME O FORMULARIO O CHEQUE
FAVOR DE RETORNAR EL FORMULARIO Y EL CHEQUE

SEND THE FORM AND CHECK IN ATTACHED ENVELOPE
ENVIAR FORMULARIO E CHEQUE NO ENVELOPE ANEXO
ENVIE FORMULARIO, Y CHEQUE POR CORREOS EN SOBRE ADJUNTO

FILL IN INFORMATION AS INDICATED
COMPLETAR O FORMULARIO ONDE ESTA INDICADO
COMPLETE EL FORMULARIO DONDE ESTA INDICACADO

DO THE ABOVE STEP ON OR BEFORE
EXECUTE AS INSTRUCCIONES ANTES OU ATE O DIA 4-30-04
DEBE REALIZAR LO ANTES INDICADO ANTES O AL DIA

WRITE IN THE CHECK
ESCREVER NO CHEQUE
ESCRIBIR EN EL CHEQUE
PO2000087713 432 2004

1-9-04
DATE-DATA-FECHA



GMCS Corporation / Accounting and Tax Services
245 S.E. 1st Street, Ste. 400, Miami, Florida 33131 / Tel. (315) 579-4727