

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90012 025 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

40021704




02142006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2067827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P02000087713

1. Entity Name
MCS PRODUCTIONS, INC.



Principal Place of Business 18569 SW 50 CT HOLLYWOOD, FL 33029	Mailing Address 18569 SW 50 CT HOLLYWOOD, FL 33029
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CIMARRO, MARIO
18569 SW 50 CT
HOLLYWOOD, FL 33029

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIMARRO, MARIO
STREET ADDRESS	18569 SW 50 CT
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	D
NAME	STREIGNARD, NATALIA
STREET ADDRESS	18569 SW 50 CT
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 on an attachment with an address with all other like empowered.

SIGNATURE:  **2-23-2006**

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