
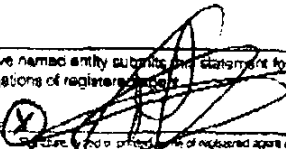
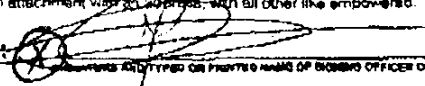


**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90030 032 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000087713</b>			
1. Entity Name <b>MCS PRODUCTIONS, INC.</b>			
Principal Place of Business <b>18560 SW 50 CT HOLLYWOOD, FL 33028</b>		Mailing Address <b>18560 SW 50 CT HOLLYWOOD, FL 33028</b>	
<b>2045 N. Hibiscus Dr MIAMI, FL 33181</b>		<b>2045 N. Hibiscus Dr MIAMI, FL 33181</b>	
2. Principal Place of Business - No P.O. Box # <b>2045 N. Hibiscus Drive</b>		3. Mailing Address <b>2045 N. Hibiscus Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33181</b>		Zip <b>33181</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. PEI Number <b>54-2067827</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CIMARRO, MARIO 18560 SW 50 CT HOLLYWOOD, FL 33028</b>		7. Name and Address of New Registered Agent Name <b>CIMARRO, MARIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2045 N. Hibiscus Drive</b> City <b>MIAMI</b> FL Zip Code <b>33181</b>	
8. The above named entity submits the 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 		<b>REGISTERED AGENT</b> 1/15/07 DATE	
9. Election Campaign Financing After May 1, 2007 Fee will be \$550.00		Trust Fund Contributor <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIMARRO, MARIO</b>	NAME	<b>CIMARRO, MARIO</b>
STREET ADDRESS	<b>18560 SW 50 CT</b>	STREET ADDRESS	<b>2045 N. Hibiscus Drive</b>
CITY - ST - ZIP	<b>HOLLYWOOD, FL 33028</b>	CITY - ST - ZIP	<b>MIAMI, FL 33181</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied on this filing does not qualify for the exemptions contained in Chapter 118, 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with no changes, with all other like empowered.			
SIGNATURE: 		<b>1/15/07</b> 305-277-4461 DATE Phone #	

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