

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90266 007 \*\*\*150.00

0282514 AV

**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  
**SAME**

3. Mailing Address  
**SAME**

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number  
**54-2067827**

Applied For  
 Not Applicable

Zip

Country  
**USA**

Zip

Country  
**USA**

5. Certificate of Status Desired  **\$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)

City

**FL**

Zip Code

8. The above named entity admits 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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**Registered Agent CIMARRO MARIO**

(NOTE: Registered Agent signature required when reinstating)

**03/03/03**

DATE

**FILE NOW! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **CIMARRO, MARIO**  
STREET ADDRESS **7220 N W 36TH STREET, SUITE 510**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **STREIGNARD, NATALIA**  
STREET ADDRESS **7220 N W 36TH STREET, SUITE 510**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/03/03 (305) 513-0101**  
Date Daytime Phone #

CP2E03 (10/02)