



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90280 039 *****75.00

DOCUMENT # N00000001934 1. Entity Name MCM PRODUCTIONS, INC.			
Principal Place of Business 900 COLONY POINT CIRCLE #509 PEMBROKE PINES FL 33026		Mailing Address 900 COLONY POINT CIRCLE #509 PEMBROKE PINES FL 33026	
2. Principal Place of Business <i>MCM Productions, Inc.</i> Suite, Apt. #, etc. <i>PO Box 260656</i> City & State <i>Pembroke Pines, FL</i> Zip <i>33026</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <i>Broward</i>	
			
		MOORE CR2E037 (11/03)	
		4. FEI Number 65-1020126 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMPSON, MARY L 900 COLONY POINT CIRCLE #509 PEMBROKE PINES FL 33026		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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Dr. Mary Louise Thompson</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> <i>4/26/04</i> <small>DATE</small> </div> </div>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTSD	TITLE	
NAME	THOMPSON, MARY L <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900 COLONY PT. CIR I 509	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETSON, MARGARETT R <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	9616 N.W. 26TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CELESTE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	900 COLONY PT. CIR #509	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, EULA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	3481 TWIN FALLS COURT	STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30032	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 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 617, 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: <i>Mary L Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> <i>4/26/04</i> <small>Date Daytime Phone #</small> </div>	