

2005
2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000001934 1. Entity Name MCM PRODUCTIONS, INC.						05 JUN 13 PM 3:06 DATE RECEIVED STATE OF FLORIDA	
Principal Place of Business 900 COLONY POINT CIRCLE #509 PEMBROKE PINES, FL 33026				Mailing Address 900 COLONY POINT CIRCLE #509 PEMBROKE PINES, FL 33026 <i>900 colony pt. circle #509</i>			
2. Principal Place of Business				Mailing Address <i>Pembroke Pines</i>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <i>Florida</i>				4. FEI Number 65-1020126			
Zip <i>33026</i>				Country <i>Broward</i>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
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 MCM Productions Inc. Street Address (P.O. Box Number is Not Acceptable) P.O. Box 268656 Pembroke Pines FL 33026			
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 <i>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>						DATE <i>4/26/04</i>	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD THOMPSON, MARY L 900 COLONY PT. CIR #509 PEMBROKE PINES, FL 33026			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETSON, MARGARETT R 9616 N.W. 26TH AVENUE MIAMI, FL 33147			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CELESTE 900 COLONY PT. CIR #509 PEMBROKE PINES, FL 33026			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800056300278 06/17/05--01029--026 **75.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, EULA 3481 TWIN FALLS COURT DECATUR, GA 30032			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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(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>						Date <i>5/6/</i> Daytime Phone # <i>954-435-8276</i>	

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