

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 039 *****75.00

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1. Entity Name

MCM PRODUCTIONS, INC.



Principal Place of Business

MCM PRODUCTION, INC.
P.O. BOX 260656
PEMBROKE PINES FL 33026

Mailing Address

900 COLONY POINT CIRCLE #509
PEMBROKE PINES FL 33026



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
65-1020126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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.

SIGNATURE

Mary L. Thompson
Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTSD
NAME THOMPSON, MARY L ☐ Delete
STREET ADDRESS 900 COLONY PT. CIR I 509
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D
NAME GETSON, MARGARETT R ☐ Delete
STREET ADDRESS 9616 N.W. 26TH AVENUE
CITY-ST-ZIP MIAMI FL 33147

TITLE D
NAME THOMPSON, CELESTE ☐ Delete
STREET ADDRESS 900 COLONY PT. CIR #509
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D
NAME PARKER, EULA ☐ Delete
STREET ADDRESS 3481 TWIN FALLS COURT
CITY-ST-ZIP DECATUR GA 30032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Section 119, 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

Mary L. Thompson
Signature, typed printed name of registered agent and title if applicable

April 26, 2006
DATE