


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90022 002 \*\*\*\*75.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> N00000001934                 |  |
| <b>1. Entity Name</b><br>MCM PRODUCTIONS, INC. |   |

|  |   |
|--|---|
| <b>Principal Place of Business</b><br>MCM PRODUCTION, INC.<br>P.O. BOX 260656<br>PEMBROKE PINES FL 33026 | <b>Mailing Address</b><br>900 COLONY POINT CIRCLE #509<br>PEMBROKE PINES FL 33026 |
|--|---|



|   |  |
|---|--|
| <b>2. Principal Place of Business - No P.O. Box #</b><br>MCM Production, Inc. | <b>3. Mailing Address</b><br>900 Colony Pt. Circle |
| <b>Suite, Apt. #, etc.</b><br>P.O. Box 260656                                 | <b>Suite, Apt. #, etc.</b><br>509                  |
| <b>City &amp; State</b><br>Pembroke Pines FL                                  | <b>City &amp; State</b><br>Pembroke Pines FL       |
| <b>Zip</b><br>33026   | <b>Zip</b><br>33026                                |
| <b>Country</b><br>Broward   | <b>Country</b><br>Broward                          |

1st MOORE CR2E037 (10/07)

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>65-1020126 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |
|--|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|--|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>THOMPSON, MARY L<br>900 COLONY POINT CIRCLE #509<br>PEMBROKE PINES FL 33026 |
|---|

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>        |
| <b>Name</b>   |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b> |
| <b>City</b> <b>FL</b> <b>Zip Code</b>                     |

**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 **DATE** 4/28/08  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---------------------------------|---|---|
| <b>TITLE</b><br>PTSD                              | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>THOMPSON, MARY L                   |                                 | <b>NAME</b>   | No Change   |
| <b>STREET ADDRESS</b><br>900 COLONY PT. CIR I 509 |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b><br>PEMBROKE PINES FL 33026     |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b><br>D                                 | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>GETSON, MARGARETT R                |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b><br>9616 N.W. 26TH AVENUE    |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b><br>MIAMI FL 33147              |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b><br>D                                 | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>THOMPSON, CELESTE                  |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b><br>900 COLONY PT. CIR #509  |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b><br>PEMBROKE PINES FL 33026     |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b><br>D                                 | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>PARKER, EULA                       |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b><br>3481 TWIN FALLS COURT    |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b><br>DECATUR GA 30032            |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>                                      | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                       |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>                             |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>                                |                                 | <b>CITY-ST-ZIP</b>                                    |   |
| <b>TITLE</b>                                      | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                       |                                 | <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>                             |                                 | <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>                                |                                 | <b>CITY-ST-ZIP</b>                                    |   |

**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 **DATE:** 4/28/08 **PHONE:** 954-435-8276