

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001934

FILED  
May 03, 2009  
Secretary of State

Entity Name: MCM PRODUCTIONS, INC.

## Current Principal Place of Business:

MCM PRODUCTION, INC.  
P.O. BOX 260125  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

MCM PRODUCTION, INC.  
PEMBROKE PINES, FL 33026

## Current Mailing Address:

900 COLONY POINT CIRCLE #509  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 65-1020126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

THOMPSON, MARY L  
900 COLONY POINT CIRCLE #509  
PEMBROKE PINES, FL 33026      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PTSD      ( ) Delete  
Name: THOMPSON, MARY L  
Address: 900 COLONY PT. CIR I 509  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: GETSON, MARGARETT R  
Address: 9616 N.W. 26TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: D      ( ) Delete  
Name: THOMPSON, CELESTE  
Address: 900 COLONY PT. CIR #509  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: PARKER, EULA  
Address: 3481 TWIN FALLS COURT  
City-St-Zip: DECATUR, GA 30032

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L. THOMPSON

MS.

05/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date