

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90080 033 ***150.00

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DOCUMENT # P04000117028 1. Entity Name NCM PRODUCTIONS, CORP					
Principal Place of Business 5531 NW 112TH AVE SUITE 118 MIAMI, FL 33178-4124			Mailing Address 5531 NW 112TH AVE SUITE 118 MIAMI, FL 33178-4124		
2. Principal Place of Business 10770 NW 66 ST.		3. Mailing Address 10770 NW 66 ST.			
Suite, Apt. #, etc. #512		Suite, Apt. #, etc. #512			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33178		Country USA		Zip 33178	
Country USA		4. FEI Number 20-1503358			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOLINA, NOL C 5531 NW 112TH AVE SUITE 118 MIAMI, FL 33178-4124					
7. Name and Address of New Registered Agent Name MOLINA NOL C. Street Address (P.O. Box Number is Not Acceptable) 10770 NW 66 ST #512 City MIAMI FL Zip Code 33178					
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. NOL C. MOLINA REGISTER AGENT SIGNATURE: 04/07/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input checked="" type="checkbox"/> Delete NAME MOLINA, NOL C STREET ADDRESS 5531 NW 112TH AVE SUITE 118 CITY - ST - ZIP MIAMI, FL 33178-4124			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MOLINA NOL C. STREET ADDRESS 10770 NW 66 ST #512 CITY - ST - ZIP MIAMI FL 33178		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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. NOL C. MOLINA DIRECTOR SIGNATURE: 04/07/06 (305) 719-2135 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					