

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730160 (9)
1. Corporation Name
THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION, INC.



Principal Place of Business: 1417-3 DELPRADO SUITE 480 CAPE CORAL FL US
Mailing Address: 789 CAMINO LAKES CIRCLE BOCA RATON FL 33486 US

3. Date Incorporated or Qualified: 06/25/1974
3a. Date of Last Report: 10/18/1995
4. FEI Number: 59-2301231
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: 4026 37th St. Ct. West
27. Suite, Apt. #, etc.
28. City & State: Bradenton, FL 34205
29. Zip: 34205
30. Country: U.S.

9. Name and Address of Current Registered Agent
WHITACRE, WILLIAM L
17 S. MAGNOLIA AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81. Name: Whitacre, William L
82. Street Address (P.O. Box Number is Not Acceptable): P.O. Box 22808
83.
84. City: Lake Buena Vista FL
85. Zip Code: 32836

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|----------------------------------|---|--|
| TITLE: SD | NAME: JOHNSON, LEA S | 1.1 TITLE: TD | 1.2 NAME: Johnson, Lea S |
| STREET ADDRESS: 4026 37TH ST. CT. W. | CITY-ST-ZIP: BRADENTON FL | 1.3 STREET ADDRESS: 4026 37th St. Ct. W. | 1.4 CITY-ST-ZIP: Bradenton, FL 34205 |
| TITLE: EVPD | NAME: JOHNSON, DALE | 2.1 TITLE: | 2.2 NAME: |
| STREET ADDRESS: 2149 WATERROAK DR. N | CITY-ST-ZIP: CLEARWATER FL 34624 | 2.3 STREET ADDRESS: | 2.4 CITY-ST-ZIP: |
| TITLE: PD | NAME: NEEDLE, COOKIE | 3.1 TITLE: | 3.2 NAME: |
| STREET ADDRESS: 1417-3 DEL PRADO STE. 480 | CITY-ST-ZIP: CAPE CORAL FL | 3.3 STREET ADDRESS: | 3.4 CITY-ST-ZIP: |
| TITLE: VD | NAME: FERRILL, CAROLE | 4.1 TITLE: SD | 4.2 NAME: Ferrill, Carole |
| STREET ADDRESS: 807 WARREN AVENUE | CITY-ST-ZIP: COCOA FL 32922 | 4.3 STREET ADDRESS: 807 Warren Avenue | 4.4 CITY-ST-ZIP: COCOA, FL 32922 |
| TITLE: TD | NAME: SIMON, LEROY | 5.1 TITLE: VD | 5.2 NAME: Spiegel, Anita |
| STREET ADDRESS: 789 CAMINO LAKES CIR. | CITY-ST-ZIP: BOCA RATON FL 33486 | 5.3 STREET ADDRESS: 8291 S.E. 9th St. | 5.4 CITY-ST-ZIP: Deerfield Beach, FL 33441 |
| TITLE: | NAME: | 6.1 TITLE: | 6.2 NAME: |
| STREET ADDRESS: | CITY-ST-ZIP: | 6.3 STREET ADDRESS: | 6.4 CITY-ST-ZIP: |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lea Smith Johnson* 4/24/96 (941) 755-0975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)