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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **730160**
 1. Corporation Name
The Florida Motion Picture & Television Association, Inc.

Principal Place of Business: **1417-3 Del Prado Suite 480 Cape Coral, FL US**
 Mailing Address: **4026 37th Street, Ct. W. Bradenton, FL 34205 US**

3. Date Incorporated or Qualified: **6/25/74** 3a. Date of Last Report: **5/1/96**

2. Principal Place of Business: **21 P.O. Box 22207** 2a. Mailing Address: **26 P.O. Box 22207** 4. FEI Number: **59-2301231** Applied For: Not Applicable

22. Suite, Apt. #, etc.: 27. Suite, Apt. #, etc.: 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **Lake Buena Vista, FL** 28. City & State: **Lake Buena Vista, FL** 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32830** 25. Country: **US** 29. Zip: **32830** 30. Country: **US** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **William L. Whitacre P.O. Box 22808 Lake Buena Vista, FL 32830**

10. Name and Address of New Registered Agent: **81 Name: Bruce Kassman**
82 Street Address (P.O. Box Number is Not Acceptable): 1111 Lincoln Road Mall, PH 802
83
84 City: Miami Beach, FL **85 Zip Code: 33139**

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: *Bruce Kassman* *Treasurer/Director*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: T/D <input checked="" type="checkbox"/> DELETE	NAME: Lea S. Johnson	1.1 TITLE: P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: John C. Cummings
STREET ADDRESS: 4026 37th Street, Ct. W	CITY-ST-ZIP: Bradenton, FL	1.2 NAME:	1.3 STREET ADDRESS: P.O. Box 22381
TITLE: EV/D <input checked="" type="checkbox"/> DELETE	NAME: Dale Johnson	1.4 CITY-ST-ZIP: Lake Buena Vista, FL US	1.4 CITY-ST-ZIP: N/A
STREET ADDRESS: 2149 WaterRoak Drive, N.	CITY-ST-ZIP: Clearwater, FL 34624	2.1 TITLE: EV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Rocco Quaglia
TITLE: P/D <input checked="" type="checkbox"/> DELETE	NAME: Cookie Needle	2.2 NAME:	2.3 STREET ADDRESS: 3471 N. Federal Highway, Ste. 603
STREET ADDRESS: 1417-3 Del Prado, Ste. 480	CITY-ST-ZIP: Cape Coral, FL	2.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33306	2.4 CITY-ST-ZIP:
TITLE: S/D <input checked="" type="checkbox"/> DELETE	NAME: Carole Ferrill	3.1 TITLE: V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Gwyn Bernhard
STREET ADDRESS: 807 Warren Avenue	CITY-ST-ZIP: Cocoa, FL	3.2 NAME:	3.3 STREET ADDRESS: 1617 North Flagler Drive
TITLE: V/D <input checked="" type="checkbox"/> DELETE	NAME: Anita Spiegel	3.4 CITY-ST-ZIP: West Palm Beach, FL 33407	3.4 CITY-ST-ZIP:
STREET ADDRESS: 829 S.E. 9th Street	CITY-ST-ZIP: Deerfield Beach, FL	4.1 TITLE: T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Bruce Kassman
TITLE: <input type="checkbox"/> DELETE	NAME:	4.2 NAME:	4.3 STREET ADDRESS: 1111 Lincoln Road Mall, PH 802
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP: Miami Beach, FL 33139	4.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE: S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Donald Maroncelli
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.3 STREET ADDRESS: 1 Phillippi Shores Drive
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: Sarasota, FL 34231	5.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	6.1 TITLE:	6.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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: *Bruce Kassman* *Bruce Kassman* *Treas/DIR.* Date: **4/23/97** Daytime Phone #: **(305) 534-0181**

CR2E037 (9/96)