


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 29 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730160 (9)
 1. Corporation Name
THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION, INC.



Principal Place of Business P.O. BOX 22207 LAKE BUENA VISTA FL 32830 US	Mailing Address P.O. BOX 22207 LAKE BUENA VISTA FL 32830 US
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3. Date Incorporated or Qualified 06/25/1974		
4. FEI Number 59-2301231	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
KASSMAN, BRUCE
1111 LINCOLN ROAD MAL, PH 802
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 81 Name **Kim SILVA**
 82 Street Address (P.O. Box Number Is Not Acceptable)
807 WARREN AVE
 83
 84 City **COCOA** FL 85 Zip Code **32922**

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 Kim E. Silva 7/29/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, JOHN C	
STREET ADDRESS	P.O. BOX 22381 N/A	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	QUAGLIA, ROCCO	
STREET ADDRESS	3471 N. FEDERAL HIGHWAY, STE. 603	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BERNHARD, GWYN	
STREET ADDRESS	1817 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KASSMAN, BRUCE	
STREET ADDRESS	1111 LINCOLN ROAD MALL, PH 802	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARONCELLI, DONALD	
STREET ADDRESS	1 PHILLIPPI SHORES DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John C. Cummings Sr	
1.3 STREET ADDRESS	1583 B THOROUGHSHED LANE	
1.4 CITY-ST-ZIP	MONTVERDE, FL. 34750	
2.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jerry ALAN	
2.3 STREET ADDRESS	1206 Autumn Dr	
2.4 CITY-ST-ZIP	TAMPA FL 32922	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carole Ferrill	
3.3 STREET ADDRESS	807 WARREN AVE	
3.4 CITY-ST-ZIP	COCOA FL 32922	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KIM SILVA	
4.3 STREET ADDRESS	807 WARREN AVE	
4.4 CITY-ST-ZIP	COCOA FL 32922	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HELEN ESTES	
5.3 STREET ADDRESS	3804 CARDINAL Circle	
5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002651605	
6.3 STREET ADDRESS	-09/29/98--01014--028	
6.4 CITY-ST-ZIP	***61.25	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: John C. Cummings **JOHN C. Cummings** 407-560-3456
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)