2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730160

FILED Apr 25, 2005 Secretary of State

Entity Name: THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 20929 807 WARREN AVE

SAINT PETERSBURG, FL 33742 US COCOA, FL 32922 US

Current Mailing Address: New Mailing Address:

PO BOX 20929 210 NORTH PINE DRIVE SAINT PETERSBURG, FL 33742 US TAMPA, FL 33613 US

FEI Number: 59-2301231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATERS, JIM
2615 W. GRAND RESERVE CIR, #318
CLEARWATER, FL 33759 US
CLEARWATER, FL 33613 US
CALDWELL, LEORA
210 NORTH PINE DRIVE
TAMPA, FL 33613 US

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: LEORA CALDWELL 04/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: CONRAD, MIKE Name: FERRILL, CAROLE A PRES

Address: PO BOX 20929 Address: 807 WARREN AVE

City-St-Zip: SAINT PETERSBURG, FL 33742 City-St-Zip: COCOA, FL 32922 US

Title: Title: (X) Change () Addition () Delete WATERS, JIM Name: HALLIBURTON, CAROL V PRES Name: Address: P.O. BOX 20929 Address: 4388-D LAKE UNDERHILL City-St-Zip: SAINT PETERSBURG, FL 33742 City-St-Zip: ORLANDO, FL 32803 US

Title: TD () Delete Title: SD (X) Change () Addition

Name:JOHNSON, DALE WName:SHIPMAN, CHRISTINAAddress:392 LAKEVIEW TERR.Address:1227 TIMBERIDGE DRIVECity-St-Zip:PALM HARBOR, FL 34683 USCity-St-Zip:LAKELAND, FL 33809 US

Title: SD () Delete Title: TD (X) Change () Addition

 Name:
 TRIANDAFILS, BARBARA
 Name:
 CALDWELL, LEORA

 Address:
 PO BOX 20929
 Address:
 210 NORTH PINE DRIVE

 City-St-Zip:
 SAINT PETERSBURG, FL 33742
 City-St-Zip:
 TAMPA, FL 33613 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLE A FERRILL PRES 04/25/2005