

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 # **743565** (4)
1. Corporation Name

FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION, INC., NORTHEAST CHAPTER



Principal Place of Business: **AMC - REGENCY MALL 6 9451 REGENCY SQ. BLVD JACKSONVILLE FL 32225 US**
Mailing Address: **% DAVID ZUCKERMAN EASY EDIT VIDEO. INC. 8101-16 PHILLIPS HWY. JACKSONVILLE FL 32256 US**

3. Date Incorporated or Qualified: **07/13/1978**
3a. Date of Last Report: **11/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: **59-2285809**
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

9. Name and Address of Current Registered Agent: **ZUCKERMAN, DAVID 8101-16 PHILLIPS HWY. JACKSONVILLE FL 32256**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code

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: *David Zuckerman* (Signature, typed or printed name of registered agent and title if applicable) *David Zuckerman - Treasurer* (NOTE: Registered Agent signature required with registration) **3/27/96** (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BACSIK, TOM STREET ADDRESS: 8203 NW 31ST AVE., A4 CITY-ST-ZIP: GAINESVILLE FL	1.1 TITLE: President - DIRECTOR	1.2 NAME: Herman, Carolyn 1.3 STREET ADDRESS: 1831 North Third Street 1.4 CITY-ST-ZIP: Jacksonville Beach, Florida 32250
TITLE: VPD	NAME: HERMAN, CAROLYN STREET ADDRESS: 1831 N. THIRD STREET CITY-ST-ZIP: JACKSONVILLE BEACH FL	2.1 TITLE: Vice President - DIRECTOR	2.2 NAME: Barbara Leis 2.3 STREET ADDRESS: 11381 Tanager Drive South 2.4 CITY-ST-ZIP: Jacksonville, Florida 32225
TITLE: VP	NAME: RICCIO, ARTHUR STREET ADDRESS: 6646 BLACKWOOD DRIVE CITY-ST-ZIP: JACKSONVILLE FL	3.1 TITLE: Vice President	3.2 NAME: Robert Bailie 3.3 STREET ADDRESS: 1387 Murray 3.4 CITY-ST-ZIP: Jacksonville, Florida 32205
TITLE: S	NAME: MOORE, DARLENE STREET ADDRESS: 2452 OAKVIEW DRIVE CITY-ST-ZIP: JACKSONVILLE FL	4.1 TITLE:	4.2 NAME: 700001774507 4.3 STREET ADDRESS: -04/09/96--01123--037 4.4 CITY-ST-ZIP: ***61.25
TITLE: PT	NAME: ZUCKERMAN, DAVID STREET ADDRESS: 8101-16 PHILLIPS HWY. CITY-ST-ZIP: JACKSONVILLE FL 32256	5.1 TITLE: Treasurer - DIRECTOR	5.2 NAME: Zuckerman, David 5.3 STREET ADDRESS: 8101-16 Phillips Highway 5.4 CITY-ST-ZIP: Jacksonville, Fl. 32256
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
TITLE:	NAME:	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: *David Zuckerman* (Signature and typed name of signing officer or director) **3/27/96** (Date) **904 730-0102** (Daytime Phone #)

CR2E037 (12/95)

904 730-0102
3/27/96