

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 Mailing Address
**AMC - REGENCY MALL 6
9451 REGENCY SQ. BLVD
JACKSONVILLE FL 32225
US** **% 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 2a. Mailing Address 4. FEI Number **59-2285809** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**ZUCKERMAN, DAVID
8101-16 PHILLIPS HWY.
JACKSONVILLE FL 32256**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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* *David Zuckerman - Treasurer* **3/27/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with or without) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | President - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BACSIK, TOM | 1.2 NAME | Herman, Carolyn |
| STREET ADDRESS | 8203 NW 31ST AVE., A4 | 1.3 STREET ADDRESS | 1831 North Third Street |
| CITY-ST-ZIP | GAINESVILLE FL | 1.4 CITY-ST-ZIP | Jacksonville Beach, Florida 32250 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | Vice President - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERMAN, CAROLYN | 2.2 NAME | Barbara Leis |
| STREET ADDRESS | 1831 N. THIRD STREET | 2.3 STREET ADDRESS | 11381 Tanager Drive South |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL | 2.4 CITY-ST-ZIP | Jacksonville, Florida 32225 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICCIO, ARTHUR | 3.2 NAME | Robert Bailie |
| STREET ADDRESS | 6646 BLACKWOOD DRIVE | 3.3 STREET ADDRESS | 1387 Murray |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | Jacksonville, Florida 32205 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | MOORE, DARLENE | 4.2 NAME | 700001774507 |
| STREET ADDRESS | 2452 OAKVIEW DRIVE | 4.3 STREET ADDRESS | -04/09/96--01123--037 |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | ***61.25 |
| TITLE | PT <input type="checkbox"/> DELETE | 5.1 TITLE | Treasurer - DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZUCKERMAN, DAVID | 5.2 NAME | Zuckerman, David |
| STREET ADDRESS | 8101-16 PHILLIPS HWY. | 5.3 STREET ADDRESS | 8101-16 Phillips Highway |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | 5.4 CITY-ST-ZIP | Jacksonville, Fl. 32256 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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* *David Zuckerman* **3/27/96** **904 730-0102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)

904 730-0102
3/27/96