

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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.  
8101-10 PHILLIPS HWY.  
JACKSONVILLE FL 32256-7458  
US

3. Date Incorporated or Qualified  
07/13/1978

3a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 8380 BAYMEADOWS RD

27 SUITE # 5

28 City & State

29 Zip

30 Country

4. FEI Number  
59-2285809

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

ZUCKERMAN, DAVID  
8101-10 PHILLIPS HWY.  
JACKSONVILLE FL 32256

8380 Baymeadows Rd #5

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

4/15/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HERMAN, CAROLYN  
STREET ADDRESS 1831 NORTH THIRD STREET  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME LEIS, BARBARA  
STREET ADDRESS 11381 TANAGER DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP  
NAME BAILE, ROBERT  
STREET ADDRESS 1387 MURRAY  
CITY-ST-ZIP JACKSONVILLE FL 32206

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME ZUCKERMAN, DAVID  
STREET ADDRESS 8101-10 PHILLIPS HIGHWAY  
CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

David Zuckerman

4/15/97

904 730-9999

CR2E037 (9/96)