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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743565 (4)

1. Corporation Name
**FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATIO
N, 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. 8380 BAYMEADOWS RD. STE. 5 JACKSONVILLE FL 32256 US
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3. Date Incorporated or Qualified 07/13/1978		
4. FEI Number 59-2285809	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 SAME	2a. Mailing Address 26 SAME		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent ZUCKERMAN, DAVID 8380 BAYMEADOWS RD., #5 JACKSONVILLE FL 32256		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83 200002553312-4
		84 City JACKSONVILLE FL

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 200002553312-4	
84 City JACKSONVILLE FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	HERMAN, CAROLYN	
STREET ADDRESS	1831 NORTH THIRD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VPD	<input type="checkbox"/>
NAME	LEIS, BARBARA	
STREET ADDRESS	11381 Tanager Drive South	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input type="checkbox"/>
NAME	KIRB, RUSS	
STREET ADDRESS	2519 BUTTENWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/>
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	8380 BAYMEADOWS RD., STE. 5	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mike Anderson	
1.3 STREET ADDRESS	101 Century 21st Dr apt 8	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32216	
2.1 TITLE	V.P. - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andreu Soria	
2.3 STREET ADDRESS	PO Box 23466 NA	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32247-3466	
3.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bryan Hickox	
3.3 STREET ADDRESS	951 North Market St	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
4.1 TITLE	Treasurer - Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 is in Block 12 or Block 13 if changed, or on an attachment with an address.

David Zuckerman **4/27/98 904 730-9999**

CR2E037 (10/97)