

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90041 010 \*\*\*\*61.25

**DOCUMENT # 743565**

1. Entity Name

**FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATIO**

Principal Place of Business

Mailing Address

AMC - REGENCY MALL 6  
 9451 REGENCY SQ. BLVD  
 JACKSONVILLE FL 32225  
 US

% DAVID ZUCKERMAN EASY EDIT VIDEO, INC.  
 8380 BAYMEADOWS RD. STE. 5  
 JACKSONVILLE FL 32256-7435  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2285809**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUCKERMAN, DAVID  
 8380 BAYMEADOWS RD., #5  
 JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
 NAME **ANDERSON, MIKE**  
 STREET ADDRESS **101 CENTURY 21ST DR #218**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VD**  Delete  
 NAME **JONES, ANDREW**  
 STREET ADDRESS **P.O. BOX 23466 N/A**  
 CITY-ST-ZIP **JACKSONVILLE FL 32241-3466**

TITLE **V**  Delete  
 NAME **HICKOX, BRYAN**  
 STREET ADDRESS **851 NORTH MARKET ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **TD**  Delete  
 NAME **ZUCKERMAN, DAVID**  
 STREET ADDRESS **8380 BAYMEADOWS RD., STE. 5**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

*Direct* **President**  Change  Addition  
 NAME **Ric Buccash**  
 STREET ADDRESS **6180 Melzer Circle E**  
 CITY-ST-ZIP **Jacksonville Florida 32217**

*Director* **Vice President**  Change  Addition  
 NAME **Eric Wynn**  
 STREET ADDRESS **5469 Olmsted Pond Dr**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

*Director* **Vice President**  Change  Addition  
 NAME **Drum Stewart**  
 STREET ADDRESS **6014 Tracy Park Drive S**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David Zuckerman*  
**DAVID ZUCKERMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/00** **904-730-9999**  
 Date Daytime Phone #

CR2E037 (9/99)