

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 743565

1. Entity Name

FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATIO

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

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

Principal Place of Business Mailing Address
AMC - REGENCY MALL 6 3051 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 Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

4. FEI Number 59-2285809 Applied For Not Applicable

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	<input type="checkbox"/> Delete
NAME	ANDERSON, MIKE	
STREET ADDRESS	101 CENTURY 21ST DR #218	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, ANDREW	
STREET ADDRESS	P.O. BOX 23468 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32241-3466	
TITLE	V	<input type="checkbox"/> Delete
NAME	HICKOX, BRYAN	
STREET ADDRESS	851 NORTH MARKET ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	8380 BAYMEADOWS RD., STE. 5	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ric Bullash	
STREET ADDRESS	6180 Melzer Circle E	
CITY-ST-ZIP	Jacksonville Florida 32217	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric W. Wood	
STREET ADDRESS	5469 Oldham Road Dr	
CITY-ST-ZIP	Jacksonville FL 32211	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drum Stuart	
STREET ADDRESS	6014 Tally Park Drive S	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (9/99)