

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N98000002766

Entity Name: FILM FLORIDA, INC.

Current Principal Place of Business:

1800 WEST HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901

New Principal Place of Business:

430 BREVARD AVE #150
COCOA, FL 32922

Current Mailing Address:

1800 WEST HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901

New Mailing Address:

430 BREVARD AVE #150
COCOA, FL 32922

FEI Number: 59-3501221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHENBAUM, JACK A
1800 WEST HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: PENNYPACKER, JENNIFER
Address: 301 PINE STREET
City-St-Zip: ORLANDO, FL 32801

Title: DT () Delete
Name: KING, BONNIE
Address: 430 BREVARD AVE # 150
City-St-Zip: COCOA VILLAGE, FL 32922

Title: P () Delete
Name: WINICK, GRAHAM
Address: 1700 CONVENTION CENTER DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: PP () Delete
Name: STAMM, ED
Address: 2385 STIRLING ROAD
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: SERES, RICHARD
Address: P.O. BOX 143913
City-St-Zip: CORAL GABLES, FL 33114

Title: D () Delete
Name: VANDEVENTER, KATRINKA
Address: 1000 UNIVERSAL STUDIOS PLAZA- BLGD 22A
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE KING

TRSR

01/09/2009

Electronic Signature of Signing Officer or Director

Date