2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 09, 2007 8:00 am Secretary of State DOCUMENT #-P01000114306 05-09-2007 90103 036 ***150.00 FILM FRAME ENTERTAINMENT, INC. Principal Place of Business Mailing Address 7502 SURREY PINES DR APOLLO BEACH FL 33572 7502 SURREY PINES DR APOLLO BEACH FL 33572 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 80-0021607 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMERY, ROBERT J 7502 SURREY PINES DR Street Address (P.O. Box Number is Not Acceptable) APOLLO BEACH FL 33572 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registerod agent and lifte it applicable (NO1E, Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete IIII Addition EMERY, ROBERT J NAME NAMI 7502 SURREY PINES DR STREET ADORESS STREET ADDRESS APOLLO BEACH FL 33572 CITY-ST-ZIP CITY ST-ZIP VPST THE Defete 1001 ☐ Change Addition EMERY, SUSANNE NAM 7502 SURREY PINES DR STREET ADDRESS STREET ADDRESS APOLLO BEACH FL 33572 CHY ST-ZIP CITY ST /IP 100 ☐ Defete Change Addition NAME STREET ADDRESS STREET LADDOFESS CUY-ST-ZIP CITY-S1-7/P THE Delete THE ☐ Change Addition NAME NAM STREET ADDRESS STOLET ADDRESS CHY-SI-7IP CHY-S1-7IP ☐ Delete Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST 7IP TITLE ☐ Delete mu ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withyan address, with all other like empowered.

CHY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED