

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 467564 (1)

1. Corporation Name

MOVIE FILM SERVICE CORP.

Principal Place of Business

**2013 HARDING ST
HOLLYWOOD FL 33020**

Mailing Address

**2013 HARDING ST
HOLLYWOOD FL 33020**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEVINE, PAUL
2013 HARDING ST.
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

01/16/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1584615

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent or director, if applicable

Signature type for registered agent, if registered agent is not a director

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

LEVINE, PAUL

STREET ADDRESS

8431 LINDEN WAY

CITY-ST-ZIP

LAKE WORTH FL

TITLE

SD

☐ DELETE

NAME

LEVINE, BARBARA

STREET ADDRESS

8431 LINDEN WAY

CITY-ST-ZIP

LAKE WORTH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

☐ Change

☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LEVINE

5/1/96

954-922-0700

DATE

DAYPHONE PRINCIPAL

CR2E034 (12/95)