

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 730160 (9)
1. Corporation Name
THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION, INC.

Principal Place of Business P.O. BOX 22207 LAKE BUENA VISTA FL 32830 US	Mailing Address P.O. BOX 22207 LAKE BUENA VISTA FL 32830 US
--	--

3. Date Incorporated or Qualified 06/25/1974	4. FEI Number 59-2301231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent KASSMAN, BRUCE 1111 LINCOLN ROAD MAL, PH 802 MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name Kim SILVA 82 Street Address (P.O. Box Number is Not Acceptable) 807 WARREN AVE 83 84 City COCOA FL 85 Zip Code 32922
--	--

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Kim E. Silva

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

(NOTE: Registered Agent signature required when reinstating)

DATE 7/29/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME CUMMINGS, JOHN C STREET ADDRESS P.O. BOX 22381 N/A CITY-ST-ZIP LAKE BUENA VISTA FL	1.1 TITLE 1.2 NAME JOHN C. Cummings Sr. 1.3 STREET ADDRESS 1583 B THOROUGHMORE LANE 1.4 CITY-ST-ZIP MONTVERDE, FL. 34456
TITLE EVD NAME QUAGLIA, ROCCO STREET ADDRESS 3471 N. FEDERAL HIGHWAY, STE. 603 CITY-ST-ZIP FT. LAUDERDALE FL 33308	2.1 TITLE 2.2 NAME Jerry ALAN 2.3 STREET ADDRESS 1206 Autumn Dr 2.4 CITY-ST-ZIP TAMPA FL 32922
TITLE VD NAME BERNHARD, GWYN STREET ADDRESS 1817 NORTH FLAGLER DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33407	3.1 TITLE 3.2 NAME Carole Ferrill 3.3 STREET ADDRESS 807 WARREN AVE 3.4 CITY-ST-ZIP COCOA FL 32922
TITLE TD NAME KASSMAN, BRUCE STREET ADDRESS 1111 LINCOLN ROAD MALL, PH 802 CITY-ST-ZIP MIAMI BEACH FL 33139	4.1 TITLE 4.2 NAME Kim Silva 4.3 STREET ADDRESS 807 WARREN AVE 4.4 CITY-ST-ZIP COCOA FL 32922
TITLE SD NAME MARONCELLI, DONALD STREET ADDRESS 1 PHILLIPPI SHORES DRIVE CITY-ST-ZIP SARASOTA FL 34231	5.1 TITLE 5.2 NAME HELEN EGES 5.3 STREET ADDRESS 3804 CARDINAL Circle 5.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN C. Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 407-560-3456

CR2E037 (5/98)