


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91062 028 ****61.25

DOCUMENT # 730160 1. Entity Name THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION, INC.					
Principal Place of Business 392 LAKEVIEW TERR. PALM HARBOR, FL 34683 US			Mailing Address 392 LAKEVIEW TERR. PALM HARBOR, FL 34683 US		
2. Principal Place of Business P.O. Box 20929 Suite, Apt. #, etc.			3. Mailing Address P.O. Box 20929 Suite, Apt. #, etc.		
City & State St Petersburg FL			City & State St Petersburg FL		
Zip 33742		Country USA		4. FEI Number 59-2301231	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, DALE W 392 LAKEVIEW TERR. PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name JIM WATERS Street Address (P.O. Box Number is Not Acceptable) 2615 W. GRAND RESERVE Cir, #318 City Clearwater FL Zip Code 33759		
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 <i>Jim Waters</i> JIM WATERS 4-30-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRILL, CAROLE 807 WARREN AVE. COCOA, FL 32922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONRAD, MIKE P.O. BOX 20929 ST. PETERSBURG FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERS, JIM P.O. BOX 20929 SAINT PETERSBURG, FL 33742	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, DALE W 392 LAKEVIEW TERR. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESTES, HELEN 3804 CARDINAL CIRCLE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIANDAFILS, BARBARA P.O. BOX 20929 ST PETERSBURG, FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jim Waters</i> JIM WATERS			Date 4-30-04 (200) PFF-3127		

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