FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



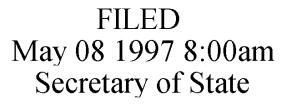
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)



| FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION- WEST CHAPTER, INC. | | | | | |
|--|--|---|---|---|--|
| Principal Place | e of Business | Mailing Address | | a and the toward sites in the district at the a | itht aikit mints ninte dibbi bikit bibis tant |
| 6905 COOLIDGE AVENUE P.O. BOX 23421 TAMPA FL 33614-0828 TAMPA FL 33623-3421 US | | | | | |
| | | • | | 3. Date Incorporated or Qualified 12/15/1975 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| 21 | 7 | 26 | | 59-2294260 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 22 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State City & State | | ·· | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | |
| 24 | 25 | | 30 | | Yes 18 No |
| | 9. Name and Address of Curre | ent Registered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent |
| FOVE AL | FVANDDA | | | | |
| FRYE, ALEXANDRA | | | 62 Street Add | dress (P.O. Box Number is Not Acceptal | ble) |
| 1608 CULBREATH IS., DR. S. TAMPA FL 33629 | | | 83 | | |
| IAMEA | L 33028 | | 44 0 | | 1-1 |
| | | | 64 City | | FL 85 Zip Code |
| 11. Pursuant office or nagent La | to the provisions of Sections 617.05 egistered agent, or both, in the Sta m familiar with, and accept the obti | 02 and 617.1508, Florida Statute le of Florida. Such change was a gations of, Section 617.0503, Flo | is, the above-named cor uthorized by the corpora rida Statutes. | poration submits this statement for the ation's board of directors. I hereby acce | purpose of changing its registered pt the appointment as registered |
| SIGNATURE | | alore | | | DAYE |
| 12. | Signature, typed or printed name of registered a OFFICERS A | OPENI AND THE IT APPLICATION. (NOTE | : Registered Agent signature requ | ADDITIONS/CHANGES TO OFFI | |
| TITLE | TD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | WATERS, JIM | | 1.2 NAME | | Ì |
| STREET ADDRESS | PO BOX 20929 N/A | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | JOHNSON, DALE | | 2.2 NAME | | |
| STREET ADDRESS | 2149 WATER OAK DR | | 2.3 STREET ADDRESS | | İ |
| CITY - ST - ZIP | CLEARWATER FL | DELETE | 2. 4 CITY-ST-ZIP | | Change Addition |
| TITLE NAME | PD Alan, Jerry | E DECEIR | 3.1 TITLE 3.2 NAME | t w | |
| STREET ADDRESS | 888 EXECUTIVE CENTER DR | R. W 101 | 3.3 STREET ADDRESS | | |
| CITY-\$1-ZIP | ST. PETERSBURG FL | h 17 101 | 3.4. CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | EGER, BARBARA | | 4. 2 NAME | | |
| STREET ADDRESS | 3505 TARPON WOODS BLV | D. #L402 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR FL | | 4.4 CITY - ST - ZIP | | |
| TITLE | \$D | DELETE | 5.1 TITLE | | Change Addition |
| NAME | GOODSPEED, MIRIAM | | 5.2 NAME | |] |
| STREET ADDRESS | 2149 WATEROAK DRIVE, N. | | 5.9 STREET ADDRESS | | ĺ |
| CITY - ST - ZIP | CLEARWATER FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 6.4 CITY - ST - ZIP | | |

14. I do 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 chapted, or on an attachment with an address.

SIGNATURE:

Daytime Phone # 0048618