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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743567 (0)

1. Corporation Name

THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION-CENTRAL CHAPTER INC.

Principal Place of Business

Mailing Address

P.O. BOX 690183
ORLANDO FL 32869
USP.O. BOX 690183
ORLANDO FL 32869-0183
US3. Date Incorporated or Qualified
07/13/19783a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARA GUREVITZ
7121 GRAND NATIONAL DR.
SUITE 106
ORLANDO FL 32819Jim RADZ
425 W. Colonial Dr.
SUITE 102
ORLANDO, FL.
32804

81 Name

Jim RADZ

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

425 W. Colonial Drive Suite 102

83

84 City

Orlando

FL

85

Zip Code
32804

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CUMMINGS, JOHN
STREET ADDRESS DISNEY/MGM-BUNGALOW 4N
CITY - ST - ZIP LAKE BUENA VISTA FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE VD
NAME WALSH, TONY
STREET ADDRESS 100 DETMAR DR.
CITY - ST - ZIP WINTER PARK FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE VD
NAME WHITACRE, WILLIAM
STREET ADDRESS 17 S MAGNOLIA AVE.
CITY - ST - ZIP ORLANDO FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE SD
NAME WASSERMAN, REY
STREET ADDRESS 1410 CALATHEA DRIVE
CITY - ST - ZIP ORLANDO FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE TD
NAME GUREVITZ, MARA
STREET ADDRESS 7121 GRAND NATIONAL DRIVE #106
CITY - ST - ZIP ORLANDO FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE SD
NAME HEINE, DOREEN DORMAN
STREET ADDRESS 4778 WALDEN CIRCLE
CITY - ST - ZIP ORLANDO FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 the authority of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

407
42

37 (9/96)