2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 743567

1. Entity Name

THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCI

FILED
May 22, 2000 8:00 am
Secretary of State
04-24-2000 90087 010 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 696183 ORLANDO FL 32869 US	P.O. BOX 160596 ALTAMONTE SPRINGS FL 32716-0596 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2000 Universal Studios Plaza	
Suite, Apt. #, etc. # 625	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip: 32819 Country: Orange	Zip: Country:

4. FEI Number: 59-2312434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JIM RADZ 303 BRANTLEY HARBOR DRIVE LONGWOOD FL 32779	Name: Joe Josephs Street Address (P.O. Box Number is Not Acceptable): 1061 Nodding Pines Way City: Casselberry FL Zip Code: 32707

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.

SIGNATURE: Joe Josephs — 4/17/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CUMMINGS, JOHN DISNEY/MGM-BUNGALOW 4N LAKE BUENA VISTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President MARSHALL, KAREN P. 2000 Universal Studios Plz # 625 Orlando FL 32819	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALSH, TONY 100 DETMAR DR. WINTER PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President Dussling, John 9155 Ridge Road Orlando, FL 32819	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHITACRE, WILLIAM 17 S MAGNOLIA AVE. ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President [redacted] Johnson, Diana 920 Fairway Drive Winter Park FL 32792	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WASSERMAN, REY 1410 CALATHEA DRIVE ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] Secretary McInnis, Megan 1300 S. Orlando Ave Maitland FL 32751	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUREVITZ, MARA 7121 GRAND NATIONAL DRIVE #106 ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Corresponding Secretary Samsara, Irlianna P.O. Box 456 Tangerine FL 32707	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEINE, DOREEN DORMAN 4779 WALDEN CIRCLE ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] Director Kaufman, Jeff 101 Wymore Rd. Suite 337 Altamonte Springs FL 32714	☐ Change ☒ Addition D

CR2E037 (9/99)

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: Karen P. Marshall JR KAREN P. MARSHALL President 4/14/00 407-363-1537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #