. 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am **DOCUMENT # 743567** Secretary of State 1. Entity Name THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCI 05-02-2001 90150 016 \*\*\*\*70.00 Mailing Address Principal Place of Business P.C. BOX 160596 2000 UNIVERSAL STUDIOS PLAZA ALTAMONTE SPRINGS FL 32716-0596 #625 HS ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business SAME いりぐら RD. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State 59-2312434 City & State Not Applicable OKLANDO \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 3279 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAMES JAMES Street Address (P.O. Box Number is Not Acceptable) JOSEPHS, JOE 1061 NODDING PINES WAY P.O. B. 160596 CASSELBERRY FL 32707 City ALTA MONTE SPRING 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 21map JAMES SIGNATURE NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5,00 May Be **FILE NOW:** Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO. 10 11. OFFICERS AND DIRECTORS 10. ☐ Change DP TITLE Delete DP TITLE NAME 七字口 MARSHALL, KAREN P NAME STREET ADDRESS 9155 2000 UNIVERSAL STUDIOS PLZ #625 STREET ADDRESS CITY-ST-ZIP ORLANDO CITY-ST-ZIP ORLANDO FL 32819 Addition Change EVD 🔁 Delete TITLE **EVD** TITLE HABER LAWRENCE NAME DUSSLING, JOHN NAME P.O.B. 470 179 STREET ADDRESS 9155 RIDGE RD STREET ADDRESS CITY-ST-ZIP CELEBRAFION CITY-ST-ZIP ORLANDO FL 32819 RICK PAMPUN STUDIOS Addition Delete TITLE TITLE NAME JOHNSON, DIANA NAME STREET ADDRESS STREET ADDRESS 920 FAIRWAY DRIVE ORLANDO, FL. 32819 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MCINNIS. MEGAN NAME STREET ADDRESS 1300 S ORLANDO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Addition ☐ Change Delete TITLE TITLE JAMES M. COOMIS IRLIANNA, SAMSARA NAME 1555 GLENCOE STREET ADDRESS STREET ADDRESS PO BOX 456 <u>3278</u>9 CITY-ST-7IP CITY-ST-ZIP TANGERINE FL 32707 Addition ☐ Change TITLE D S Delete TITLE KID MELL BUNIE NAME KAUFMAN, JEFF NAME DAY DR. MYRTLE STREET ADDRESS 4808 101 WYMORE RD STE 337 STREET ADDRESS CITY-ST-ZIP LANDO, FLI **ALTAMONTE SPRINGS FL 32714** 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 CITY-ST-ZIP changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR