



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90047 015 ****61.25

DOCUMENT # 743567 1. Entity Name THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION-CENTRAL CHAPTER INC.					
Principal Place of Business 400 N FERNCREEK AVE ORLANDO, FL 32803 US				Mailing Address PO BOX 532103 ORLANDO, FL 32853 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2312434				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03172005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent RAY, BERNADETTE 400 N FERNCREEK AVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Scott Dupont Street Address (P.O. Box Number is Not Acceptable) 764 MARYLAND AVENUE City WINTER PARK FL Zip Code 32789		
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 <u><i>Scott T. Dupont</i> (President)</u> DATE <u>3/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP SMITH, GARVIN 400 N FERNCREEK AVE ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTLETT, LESLIE 4505 CHULUOTA RD. ORLANDO, FL 32820	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD KWELI, KUJAATELE 3020 MERCY DRIVE ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WISDOM, YVONNE 595 WEST CHURCH STREET, # 209 ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAY, BERNADETTE 400 N FERNCREEK AVE ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, SCOTT 764 MARYLAND AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
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: <u><i>Scott T. Dupont</i> (President)</u> Date <u>3/25/05</u> Daytime Phone # <u>(407) 629-7268</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

JUUJZ48b