## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # 743567  1. Entity Name THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION-CENTRAL CHAPTER INC.   |   |   |  |  |   |                   | 90047 015 ****61   |   |  |  |  |
|--|---|---|--|--|---|-------------------|--|---|--|--|--|
| 400 N FERNCREEK AVE PO   |   | Mailing Address<br>PO BOX 532103<br>ORLANDO, FL 32853       | O BOX 532103   |  |   |                   | บบบ  | 3240 <b>b</b>                                     |  |  |  |
|  |   |   |  |  |   |                   |  |   |  |  |  |
|  |   | 3. Mailing Address  | 3. Mailing Address   |  |   |                   |  |   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  | 03172005 C   | hg-NP   | CR2E037 (10/03)   |  |   |  |  |  |
| City & State   |   | City & State  |  | 4. FEI Number 59-231243  | 34  | <del> </del> -    | opplied For<br>lot Applicable  |   |  |  |  |
| Zip  | Country   | Zip   | Cou  | ntry   | 5. Certificate of S                                   | tatus Desired     | □ \$8.75 Ac<br>Fee Requir  |   |  |  |  |
| 6. Name and Address of Current Registered Agent  |   |   |  | 7. Name and Address of New Registered Agent  |   |                   |  |   |  |  |  |
| RAY, BERNADETTE  |   |   |  | Name Scott dulont  |   |                   |  |   |  |  |  |
| 400 N FERNCREEK AVE  |   |   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |                   |  |   |  |  |  |
| ORLANDO  | ), FL 32803   |   |  |  | 1 ( II M  | DO LL             | AND ALIRE  | JUD   |  |  |  |
|  |   |   |  | City []  | 764 MARYLAND AVENUE  City WINTER PARK FL Zip-Sode 789 |                   |  |   |  |  |  |
| The above named entity submits this statement for the purpose of changing its registered office or   |   |   |  |  |   |                   | ع د ,  | 2789  |  |  |  |
|  | tions of registered agent   | or the purpose of changing it                               | s registeri  | ad office or regis   | tered agent, or both, in                              | i the State of Fi | onga. Tam tamiliar wili  | i, and accept                                     |  |  |  |
| VIII T MILL - 1  |   |   |  |  |   |                   |  |   |  |  |  |
| SIGNATURE DWI L. OVO (President) 3125105   |   |   |  |  |   |                   |  |   |  |  |  |
| 0.0.0.   |   |   |  | Signature, typed or printed name of registered agent and title if applicable. —(NOTE: Registered Agent signature required when reinstating)  DATE  |   |                   |  |   |  |  |  |
|  | Signature, typed or printed name of registered agen   | t and title if applicable. (NO                              | TE: Registere  | d Agent signature requ   | ired when reinstating)                                | ,                 | DATE   |   |  |  |  |
|  | Signature, hyped or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005   | t and title if applicable. NO  9. Election Ca  Trust Fund   | ımpaign F  | inancing _   | \$5.00 May Be<br>Added to Fees                        | ,                 | DATE  Make check payable rida Department of \$                                   |   |  |  |  |
| 10.  | Filing Fee is \$61.25   | 9. Election Ca<br>Trust Fund                                | ımpaign F  | inancing   | \$5.00 May Be<br>Added to Fees                        | Flo               | Make check payable   | State   |  |  |  |
|  | Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DI   | 9. Election Ca<br>Trust Fund                                | mpaign F   | inancing   | \$5.00 May Be<br>Added to Fees                        | Flo               | Make check payable rida Department of S  | State   |  |  |  |
| 10.<br>TITLE<br>NAME   | Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DI DP SMITH, GARVIN  | 9. Election Ca<br>Trust Fund                                | ampaign F<br>Contribut   | inancing ion.  | \$5.00 May Be<br>Added to Fees                        | Flo               | Make check payable rida Department of S  | State<br>N 10                                     |  |  |  |
| 10.<br>TITLE   | Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DI  DP SMITH, GARVIN 400 N FERNCREEK AVE   | 9. Election Ca<br>Trust Fund                                | ampaign F<br>Contribut<br>11.<br>TITU<br>NAM<br>STRE   | inancing lon.  | \$5.00 May Be<br>Added to Fees                        | Flo               | Make check payable rida Department of S  | State<br>N 10                                     |  |  |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DI DP SMITH, GARVIN  | 9. Election Ca<br>Trust Fund                                | ampaign F Contribut  11. TITU NAM STRE CITY  | inancing ion.   E E E ET ADDRESS -ST-ZIP   | \$5.00 May Be<br>Added to Fees                        | Flo               | Make check payable rida Department of SERS AND DIRECTORS I                       | State N 10 Addition                               |  |  |  |
| 10. TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI  DP  SMITH, GARVIN 400 N FERNCREEK AVE ORLANDO, FL 32803  | 9. Election Ca<br>Trust Fund                                | ampaign F<br>Contribut<br>11.<br>TITU<br>NAM<br>STRE   | inancing ion.   E E E ET ADDRESS -ST-ZIP   | \$5.00 May Be<br>Added to Fees                        | Flo               | Make check payable rida Department of S  | State<br>N 10                                     |  |  |  |
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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: