


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90157 041 ***150.00

DOCUMENT # F00000005248 1. Entity Name FILM (FL) QRS 14-44, INC.					
Principal Place of Business 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020			Mailing Address 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4135389	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAREY, WILLIAM P 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAM, AMY 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JAMES, CARYN E 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 100201605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO, YASMIN 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, CLAUDE 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEHOE, ROBERT C 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 100201605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER ANSON S. WONG 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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>Anson Wong</u> ANSON S. WONG, ASSISTANT TREASURER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/20/2006	
				Daytime Phone # 212-492-1100	