

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90248 050 ***158.75

DOCUMENT # F94000004232

1. Entity Name
FILM CONCEPTS, INC.



Principal Place of Business
**5865 N.W. 121ST AVE.
CORAL SPRINGS, FL 33076 US**

Mailing Address
**5865 N.W. 121ST AVE.
CORAL SPRINGS, FL 33076 US**

2. Principal Place of Business
3400 GALT OCEAN DR

3. Mailing Address
3400 GALT OCEAN DR

Suite, Apt. #, etc.
1110-S

Suite, Apt. #, etc.
1110-S

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale, FL

Zip
33308

Country
Broward

Zip
33308

Country
BROWARD

03232006 Chg-P CR2E034 (11/05)

4. FEI Number
11-2857294

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**REICH, HARVEY E
11330 HERON BAY BLVD
2416
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name
HARVEY E. REICH

Street Address (P.O. Box Number is Not Acceptable)
3400 GALT OCEAN DR

1110-S

City
Ft Lauderdale

FL Zip Code
33308

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 **Harvey E Reich**
Signature, typed or printed name of registered agent and title if applicable.

HARVEY E REICH
(NOTE: Registered Agent signature required when reinstating)

3/23/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICH, HARVEY E. 6458 NW 99TH AVENUE PARKLAND, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REICH, ROBYN E 6458 NW 99TH AVENUE PARKLAND, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY E REICH 3400 GALT OCEAN DR (1110-S) Ft Lauderdale, FL 33308 (Add change) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBIN E REICH 3400 GALT OCEAN DR (1110-S) Ft Lauderdale, FL 33308 (Add change) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY E REICH

Date

3/23/06 954-695-9215
Daytime Phone #