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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000085 (8)

1. Corporation Name

SUNCOAST MOTION PICTURE COMPANY, INC.

Principal Place of Business

10400 YELLOW CIRCLE DRIVE
MINNETONKA MN 55343

Mailing Address

10400 YELLOW CIRCLE DRIVE
MINNETONKA MN 55343-9102



3. Date Incorporated or Qualified

01/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of new principal registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	EUGSTER, JACK	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, REID	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	PCFO	<input type="checkbox"/> DELETE
NAME	ROSS, GARY A	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLON, MICHAEL J	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENIKE, ARCHIE L	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	RUEHLE, LINDA A	
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Keith A Benson
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lawrence A Kurzeka
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(612) 931-8800

040883

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