## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600000085

1. Corporation Name

SUNCOAST MOTION PICTURE COMPANY, INC.

## **FILED** Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90006 041 \*\*\*150.00



		Mailian Address				-		arin arin and an aring a second		
Principal Flace of Business Mailing Address						<b>\</b>				
10400 YELLOW MINNETONKA &		10400 YELLOW CIRCLE DRIVE MINNETONIKA MN 55343				DO NOT WRITE IN THIS SPACE				
						- 3	3. Date Incorporated or Qualifed			
							01/04/1996	_		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied F			lied For	
21		26			-	41-1824093		No: Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 Additional Fee Required		
City & Stat	е	City & State				5. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	Country			B. This corporation owes the current	t year Intangible		
24	25	29	30				Personal Property Tax.	☐ Yes	,	JNo J
	9. Name and Address of Current	Registered Agent				10	0. Name and Address of New Reg	gistere d Agent		
				81	Name					
	CORPORATION SYSTEM	82			Street A	Address	(P.O. Bo) Number is Not Acceptable	 e)		
	) South Pine Island Road Ntation Fl 33324			83						
7 27 2				Ш	City			85	Zip C	yde -
				84	City			FL	Zip C	,00
office crr	to the provisions of $S_{\epsilon}$ ctions 607.0502 registered agent, or bo h, in the State o m familiar with, and accept the obligati	if Florida. Such change was	: authorizet	יעם נ	the corpo	ec rporati oration's	on submits this statement for the publicand of directors. I hereby accept the	rpose of changing the appointment	ng its r as reg	egistered stered
SIGNATURE								DATE		
	Signature, typed or printed name of registered agent OFFICERS AND	_ <del></del>	Tiž: Registered	Agen	t signature re	equired whe	ADDITIONS/CHANGES TO OFFICE		CTO	S IN 12
12.	CCEO	DELETE	1.1 TI	ti E		Γ	ABBITICATOR OF THE COLUMN	Chi		Addition
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NAME										
STREET ADDRESS			1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP	MINNETONKA MN 55343	☐ DELETE	2.1 T		1-ZIP	├~		Chi	ange	Addition
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NAME	JAMES D NERMYR		2.2 NAME 2.3 STREET ADDF			(				Į
STREET ADDRESS										
CITY-ST-ZIP	MINNETONKA MN 55343	□ DELETE	DELETE 31 TI		CITY-ST-ZIP			Ch:	ange	Addition
TITLE	-0.0		3 2 N					•.2	-	
NAME	BENSON, KEITH A				* * DDEFEC	ļ				
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CITY-ST-ZIP	MINNETONKA MN	DELETE	3.4. C	ITY-S	1-212	<del> </del>		Ch;	ange	Addition
TITLE	MCHYEL LOUION		4.1 I		!	!			-	
NAME	MICHAEL J COLON				ADDRESS	ĺ				ļ
STREET ADDRESS	10400 YELLOW CIRCLE DRIVE									
CITY-ST-ZIP	MINNETONKA MN	☐ DELETE	5.1 Ti	ITY-SI	1-ZIP	VP		<b>™</b> Ch	ange	Addition
TITLE	BCMINE ADOMIE	ا المان الم	5.2 N		1	* '		-	-	_
NAME	BENIKE, ARCHIE L				ADDRESS	Į				
STREET ADDRESS				ITY-SI	- 1	1				l
CITY-ST-ZIP	MINNETONKA MN 55343	[] DELETE	6.1 TI			5		√Ch.	ange	Addition
TITLE	CS DISENSE LINDA A	LJ DELETE	6.2 N		]	~		***	-	_
NAME	RUEHLE, LINDA A				ADORESS (					
STREET ADDRES	TREET ADDRESS 10400 YELLOW CIRCLE DRIVE			ITY-S'						Ì
OFT - OT 710	HAINNET/INKA MN 55343		6.4 C	11 T-5	1-ZIP	1				

14. 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 uncer outh; that I a m 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

612-931-8215