2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # H33839 1. Entity Name FILM MANAGEMENT CORP. Principal Place of Business 127 KINGS RD. PALM BEACH, FL 33480 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301 FILED Apr 30, 2007 08:00 A Secretary of State

Applied For



04272007	No Chg-P	CR2E034 (11/05)

59-2471058 Not Applicable

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

4. FEI Number

DO NOT WRITE IN THIS SPACE

the obligat	lions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		eing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNAMARA, JAMES J 127 KINGS RD. PALM BEACH, FL 33480				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			U00000747089 05/17/07-80012-020 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					CONTINUE COULT CEC 100110
12. I hereby	certify that the information supplied with this fill	ing does not qualify for the exer	mptions co	ntained in Chapter 11	9, Florida Statutes, 1 further certify that the information of as if made under path; that I am an officer or director.

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

4/27/07 (561)676-178