


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90002 036 ****61.25

DOCUMENT # N01000000045		
1. Entity Name WOMEN IN FILM & TELEVISION-FLORIDA, INC.		

Principal Place of Business 7731 HORSE FERRY RD ORLANDO, FL 32835	Mailing Address PO BOX 533541 ORLANDO, FL 32853
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50025015

2. Principal Place of Business 301 E. Pine St Suite, Apt. #, etc. Ste 900 City & State Orlando, FL Zip 32801 Country USA	3. Mailing Address 301 E. Pine St Suite, Apt. #, etc. Ste 900 City & State Orlando, FL Zip 32801 Country USA
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08072006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3691551	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HABER, LAWRENCE H 931 JASMINE STREET CELEBRATION, FL 34747		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MASHAYEKHI, SUSAN JANIS 7731 HORSE FERRY RD ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT PEARSON, IRIS 7657 APPLE TREE CIR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENNYPACKER, JENNIFER 301 E PINE ST STE 900 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pennypacker, Jennifer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. Pine St. Ste 900 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 617, 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: Iris Pearson 8/7/06 407-487-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #