## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 29, 2007 8:00 am

DOCUMENT # N0200002402  1. Entity Name SPACE COAST FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION INC.					01-29-2007 90064 050 ****61.25			
Principal Place 602 RANCHN COCOA, FL 3	OOD DRIVE 12926	Mailing Address 602 RANCHWOOD DRIVE COCOA, FL 32926	•	J rda		III 集制的 全春川 服装力量 计卷注 表记录记录	. <b> </b>	
2 Principal Place of Business - No P.O. Box # 3. Mailing Address								
6021 RANCHWOODDR 6021 RANCH			CHWOOL	<u>&gt;</u> A24, ''''	3039 BU BANG 1986 BAN BE	zi Auni suii kshu isen kitt	i Mātrai ististāli	BI (M.M)
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		01242	007 Chg-NP	CR2E037 (12	2/06)	
City & State		City & State	=/	4. FEI N	lumber 2301231		<del></del>	ed For
Zip	Country	Zip	Country		ficate of Status Desir		5 Additio	• • • • • • • • • • • • • • • • • • • •
5791	6. Name and Address of Current R		BREVA	1/2		Fee F	Required	
				Name SUE DONTELL				
DONTELL, SUE 602 RANCHWOOD DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
COCOA, F	L 32926		60	21 F	CANCHU	2007> 2	26	• ••
			1 000	OCOA		FL Z	ip Code	
	named entity submits this statement for	the purpose of changing its re			or both, in the State		ar with, and	d accept
the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agents required when renistating)  DATE								
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	legistered Agent signistur	re required when reinstal	ng)	DATE		
	Signeture, hypoid or printed name of registred again as Filling Fee is \$61,25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 Added to	May Be	Make check pay Florida Departmen		<u> </u>
10.	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRI	9. Election Camp Trust Fund Cor	aign Financing ntribution. [	\$5.00 Added to	May Be Fees S/CHANGES TO OF	Florida Departmen	of State	)
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNATURE OF DIRECTOR DIRECTOR

Date

Disprint Priorida Statutes. I further certify that the information indicated 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 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 the corporation 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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and the corporation of the corporation or the receiver of the corporation of the corpora