## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002402

FILED Jan 14, 2009 Secretary of State

Entity Name: SPACE COAST FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION INC.

**Current Principal Place of Business: New Principal Place of Business:** 6021 RANCHWOOD DR COCOA, FL 32926 **Current Mailing Address: New Mailing Address:** 6021 RANCHWOOD DR COCOA, FL 32926 FEI Number: 59-2301231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONTELL, SUE 6021 RANCHWOOD DR COCOA, FL 32926 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DONTELL, SUE PRES WILLIAMS, BILL PRES Name: Name: 6021 RANCHWOOD DR Address: 4450 W EAU GALLIE BLVD Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: MELBOURNE, FL 32926 Title: VD ( ) Delete Title: (X) Change ( ) Addition EMERICK, ERIC Name: HUNTER, MELODY Name: Address: 1851 HWY AIA #4402 Address: 140 AQUARIUS WAY City-St-Zip: INDIANA HARBOR, BCH, FL 32937 City-St-Zip: CAPE CANAVERAL, FL 32923 Title: **EVP** () Delete Title: **EVP** (X) Change ( ) Addition WILLIAMS, BILL EMERICK, ERIC Name: Name: 4450 W EAU GALLIE BLVD Address: Address: 1851 HWY AIA #4402 City-St-Zip: MELBOURNE, FL City-St-Zip: INDIANA HARBOR, BCH, FL 32937 Title: ( ) Delete Title: () Change () Addition BUCKLEY, VICTORIA Name: Name: 8620 S. TROPICAL TRAIL Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: () Delete Title: RS ( ) Change (X) Addition FERRILL, CAROLE Name: Name: 807 WARREN AVE Address: Address: City-St-Zip: City-St-Zip: COCOA, FL 32926 Title: () Delete Title: ( ) Change (X) Addition DONTELL. SUE Name: Name: Address: Address: 6021 RANCHWOOD DRIVE COCOA, FL 32926 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE DONTELL T 01/14/2009