

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005936

FILED
May 04, 2009
Secretary of State

Entity Name: THE CINEMA & TECHNOLOGY ORGANIZATION, INC.

Current Principal Place of Business:

1117 SHIPWATCH DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1117 SHIPWATCH DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 76-0740521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COHEN, MARISA L
3208C E COLONIAL DRIVE
#292
ORLANDO, FL 32803 US

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:

Title: D () Delete
Name: MIRACLE, ERNEST P
Address: 32803 C E COLONIAL DRIVE #292
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: COHEN, MARISA L
Address: 3208 C E COLONIAL DRIVE #292
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: COHEN, SYDNEY
Address: 1117 E SHIPWATCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARISA COHEN

VP

05/04/2009

Electronic Signature of Signing Officer or Director

Date