2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N03000006602

Entity Name: JACKSONVILLE FILM EVENTS, INC.

Current Principal Place of Business:

128 E FORSYTH ST STE 300
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

128 E FORSYTH ST STE 300
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0746181 **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:

HART, J ERIK
128 E FORSYTH ST STE 300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: DP ( ) Delete
Name: MONSKY, JOAN
Address: 7015 GAINES CT
City-St-Zip: JACKSONVILLE, FL 32217

Title: DV ( ) Delete
Name: ASHBY, ELEANOR
Address: 1637 BCH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DV ( ) Delete
Name: DEMPSEY, BRUCE
Address: 2415 MANDARIN RIVER LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS ( ) Delete
Name: MONSKY, ROBERT
Address: 300B WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT ( ) Delete
Name: HART, ERIK
Address: 128 E FORSYTH ST
City-St-Zip: JACKSONVILLE, FL 32202

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:

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 for the exemption stated in Section 119.07(3)(i), 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: JACKIE L. WILLIAMS FD 05/06/2005

Electronic Signature of Signing Officer or Director — Date