

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90009 042 ****61.25

DOCUMENT # N03000007786

1. Entity Name
UNITED FILM & TELEVISION ARTISTS ORLANDO, INC.



Principal Place of Business
3428 MANITU DR.
ORLANDO, FL 32839

Mailing Address
4562 NE 32ND RD.
WILDWOOD, FL 34785

2. Principal Place of Business
4562 NE 32ND RD.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2107
Suite, Apt. #, etc.

City & State
WILDWOOD, FL
Zip
34785
Country
USA

City & State
ORLANDO, FL
Zip
32802-2107
Country
USA

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
54-2127633

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDGERTON, R.C.
1940 ESTEY AVE.
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name
MILLINER, SANDRA
Street Address (P.O. Box Number is Not Acceptable)
4562 NE 32ND ROAD
City
WILDWOOD FL Zip Code
34785

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 *Sandra Milliner, President*
SANDRA MILLINER, PRESIDENT

2-19-04

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 May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARONCELLI, DON	
STREET ADDRESS	3428 MANITU DR.	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEMBERTON, MARYA	
STREET ADDRESS	682 GLADWIN AVE.	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KIDWELL, ANNIE	
STREET ADDRESS	4808 MYRTLE BAY DR.	
CITY-ST-ZIP	ORLANDO, FL 328298700	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLINER, SANDRA	
STREET ADDRESS	4562 NE 32ND RD.	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHAHEEN, DIANE	
STREET ADDRESS	407 S. SCOTT AVE.	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLINER, SANDRA	
STREET ADDRESS	4562 NE 32ND ROAD	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARONCELLI, DON	
STREET ADDRESS	3428 MANITU DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, ROBERT	
STREET ADDRESS	PO BOX 3163	
CITY-ST-ZIP	WINTER PARK, FL 32790	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIDWELL, ANNIE	
STREET ADDRESS	4808 MYRTLE BAY DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32829-8700	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRASBERG, PAT	
STREET ADDRESS	8761 THE ESPLANADE, STE. 13	
CITY-ST-ZIP	ORLANDO, FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Sandra Milliner, President*
SANDRA MILLINER, PRESIDENT

2-19-04 (352) 748-3083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #