


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL -3 PM 12:58

| | |
|---|---|
| DOCUMENT # N05000006152 1. Entity Name DIDACTIC FILMS, INC. |  |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 4351 Jarvis Way Suite, Apt. #, etc. | 3. Mailing Address 4351 Jarvis Way Suite, Apt. #, etc. |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------------------|--------------------------------|-------------------------------|
| City & State Sarasota, Florida | City & State Sarasota, Florida | 4. FEI Number 56-2518589 | Applied For Not Applicable |
| Zip 34241 | Country | Zip 34241 | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--|
| Name SPIEGEL & UTRERA, P.A. |
| Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd Street, 4th Floor |
| City Miami |
| FL |
| Zip Code 33145 |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY - ST - ZIP | PSTD Vance, Mark H. 4351 Jarvis Way, Sarasota, FL 34241 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Wuebbles, Chris 4351 Jarvis Way, Sarasota, FL 34241 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Kelly, Patricia H. 4351 Jarvis Way, Sarasota, FL 34241 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark H. Vance Mark H. Vance, President 6/25/06 9415872960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BA. Williams JUL - 3 2006

CR2E037B (12/02)