## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000634

FILED Jan 11, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA FILM FESTIVAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 5029 LEDGEWOOD WAY ORLANDO, FL 32821 **Current Mailing Address: New Mailing Address:** 5029 LEDGEWOOD WAY ORLANDO, FL 32821 FEI Number: 61-1552150 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOK, ROBERT M 5029 LEDGEWOOD WAY ORLANDO, FL 32821 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: () Change () Addition () Delete COOK, ROBERT M Name: Name: Address: 5029 LEDGEWOOD WAY Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: () Delete Title: () Change () Addition COOK, VIRGINIA B Name: Name: Address: 5029 LEDGEWOOD WAY Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PAMPLIN, RICK Name: LEDER, REUBEN Name: 1000 UNIVERSAL STUDIO PLAZA BLDG. 22A 250 7247 DARNOCH WAY Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WEST HILLS, CA 91307 ( ) Delete Title: Title: () Change () Addition Name: CHENOWITH, TERRY C Name: 290 MOSBY WOODS DRIVE Address: Address: City-St-Zip: NEWNAN, GA 30265 City-St-Zip: Title: Title: (X) Delete () Change () Addition LEDER, REUBEN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: VIRGINIA B COOK D 01/11/2009

7247 DARNOCH WAY

WEST HILLS, CA 91307

Address:

City-St-Zip: