2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N12510

1. Entity Name
LOUIS WOLFSON II FLORIDA MOVING IMAGE ARCHIVE, INC.

Principal Place of Business	Mailing Address
MIAMI DADE PUBLIC LIBRARY 101 WEST FLAGLER STREET MIAMI, FL 33130	MIAMI DADE PUBLIC LIBRARY 101 WEST FLAGLER STREET MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2666628
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000067685
02/27/04-80009-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PELTON, MARGARET
STREET ADDRESS	101 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	CHAUNCEY, DON
STREET ADDRESS	101 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	DEVARONA, ESPERANZA
STREET ADDRESS	UNIVERSITY OF MIAMI
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	WOLFSON, LYNN
STREET ADDRESS	5050 NORTH BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	SANTAIAGO, RAYMOND
STREET ADDRESS	101 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	P
NAME	GEORGE, PAUL
STREET ADDRESS	300 NE 2ND AVE
CITY-ST-ZIP	MIAMI, FL

DO NOT WRITE IN THIS SPACE

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: _____ Dr. Paul George 2/24/04 305-237-3723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #