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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37599

1. Corporation Name
FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION, INC/SOUTHWEST CHAPTER

Principal Place of Business	Mailing Address
P.O. BOX 2616 NAPLES, FL. 34106	P.O. BOX 60183 FT MYERS, FL. 33906 U.S.

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 2616
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 NAPLES, FL.
Zip / Country 24 / 25	Zip / Country 29 34106 / 30 COLLIER

3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 07/01/1996
4. FEI Number 59-2535725	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SAFRON, IRENE
3334 HIBISUS DRIVE
FORT MYERS, FL 33901 US

10. Name and Address of New Registered Agent

81 Name: THOMAS MURPHY
82 Street Address (P.O. Box Number is Not Acceptable): 591 N.W. 29TH STREET
83
84 City: NAPLES **FL** 85 Zip Code: 34120

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Thomas Murphy PRESIDENT THOMAS MURPHY APRIL 02, 1997
(Signature, type or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAFRON, ILENE 3334 NIBISCUS DRIVE FORT MYERS, FL. 33901	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MURPHY, THOMAS 591 N.W. 29TH. STREET NAPLES, FL. 34120	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	EXEC. VD EDGERTON, EDGE P.O. BOX 3010 "N/A" NAPLES, FL. 34106-3010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.D ZINN, STACIE 1765 COURTYARD WAY #101 NAPLES, FL. 33962	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD ESTES, HELEN 3804 CARDINAL CIRCLE BONITA SPRINGS, FL. 34134-4149	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MALONEY, JULIE 153-B BRISTOL LANE NAPLES, FL 33962	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD MALONEY, JULIE 153-B BRISTOL LANE NAPLES, FL 34112	☒ Change ☐ Addition 4/19/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESTES, HELEN 3084 CARDINAL CIRCLE BONITA SPRINGS, FL. 33923	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD SOLTOW, RICHARD, JR. P.O. BOX 3477 "N/A" IMMOKALEE, FL. 34143-3477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002138673 -04/10/97--01005--025 ***61.25	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Murphy THOMAS MURPHY APRIL 02, 1997 (941) 353-9075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #