


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000002197			
1. Entity Name MIAMI BEACH FILM SOCIETY, INC.			
Principal Place of Business PO BOX 19-1876 MIAMI BEACH FL 33119		Mailing Address PO BOX 19-1876 MIAMI BEACH FL 33119	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEEKLY, DANA KEITH 723 14TH PL #16 MIAMI BEACH FL 33139		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
		Zip Code	
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 _____			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number **65-0415830** Applied For Not Applicable

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDM WEEKLY, DANA KEITH 723 14TH PL #16 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE	U000000626150 02/15/07-80005-030 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD ACOCCELLA, LUCILLE 1228 WEST AVE. MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ROGET, CRISTIANE 460 OCEAN DR. MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD PERGAMENT, BARBARA 1980 S. OCEAN PK 8K HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 and all other like empowered.

SIGNATURE:  **DANA KEITH WEEKLY** 305 673 4567