

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002509

1. Entity Name

PALM BEACH INTERNATIONAL FILM FESTIVAL, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90085 003 ****61.25

Principal Place of Business 1555 PALM BEACH LAKES BLVD STE-403 WEST PALM BEACH FL 33401 US	Mailing Address 1555 PALM BEACH LAKES STE-403 WEST PALM BEACH FL 33401 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 65-0599763	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

ALLEN, JOHN PAUL
 1555 PALM BEACH LAKES BLVD
 STE-403
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: GEORGE T. ELMORE
 Street Address (P.O. Box Number is Not Acceptable)
 1555 Palm Beach Lakes Blvd.
 PALM BEACH INTERNATIONAL FILM FESTIVAL
 City West Palm Beach, Florida FL Zip Code 33401

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.

AGENT
 SIGNATURE *[Signature]* DATE 7-18-2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURT AARONSON 301 N OLIVE AVE 12TH FLOOR WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD GEORGE T. ELMORE 2350 S CONGRESS AVE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNCH, THOMAS E. 28 COUNTRY RD VILLAGE OF GOLF FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-CHAIRMAN NED SIEGEL 5000 Blue Lake Dr. Suite 150 Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-CHAIRMAN TONY CHAMBLISS 1625 S. Congress Avenue Delray Beach, Florida 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR TOM LYNCH 18 Country Road VILLAGE OF GOLF, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR GEORGE T. ELMORE 2350 S. Congress Avenue, Delray Bch, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another one empowered.

SIGNATURE: *[Signature]* GEORGE T. ELMORE/SECRETARY/DIRECTOR 7-18-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)