2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002509

1. Entity Name
PALM BEACH INTERNATIONAL FILM FESTIVAL, INC.

Principal Place of Business	Mailing Address
289 VIA NARANJAS, STE. 48 BOCA RSTON, FL 33432 US	289 VIA NARANJAS, STE. 48 BOCA RSTON, FL 33432 US

04032008 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

ELMORE, GEORGE T
289 VIA NARANJAS, STE. 48
BOCA RATON, FL 33432

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BOICE, YVONNE
STREET ADDRESS	6006 SW 18TH ST STE B-8
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	T
NAME	ELMORE, GEORGE
STREET ADDRESS	2101 S. CONGRESS AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	ED
NAME	EMERMAN, RANDI
STREET ADDRESS	10862 NW 15TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL 330716418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-80043-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #