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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000049 (4)**

1. Corporation Name

THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION MIAMI/SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

P O BOX 548003
SURFSIDE FL 33154-8003

P O BOX 548003
SURFSIDE FL 33154-8003

3. Date Incorporated or Qualified

12/01/1995

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBERG, MARK S
9719 SOUTH DIXIE HWY. #17
MIAMI FL 33156-2808

81 Name **McMahon, Cassius**
82 Street Address (P.O. Box Number is Not Acceptable)
1355 Meridian Avenue
83 **Suite 4**
84 City **Miami Beach** FL 85 Zip Code **33139**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

April 1, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MCMAHON, CASSIUS**
STREET ADDRESS **1355 MERIDIAN AVENUE STE 4**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

1.1 TITLE **PTD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **EVP** ☐ DELETE
NAME **FAITH, SHERRY**
STREET ADDRESS **9300 EAST BAYSHORE DRIVE. STE. 201**
CITY-ST-ZIP **BAYSHORE HARBOR FL 33154**

2.1 TITLE **EVPD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **STEINBERG, MARK**
STREET ADDRESS **9719 S. DIXIE HIGHWAY #17**
CITY-ST-ZIP **MIAMI FL 33158**

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **Peter E. Nefsky**
3.3 STREET ADDRESS **12841 43rd Drive, #252A**
3.4 CITY-ST-ZIP **Kendall, FL 33175**

TITLE **TD** ☒ DELETE
NAME **KASSMAN, BRUCE**
STREET ADDRESS **1111 LINCOLN RD. MALL PH 802**
CITY-ST-ZIP **MIAMI FL 33139-2493**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **SD** ☐ Change ☒ Addition
5.2 NAME **Erika L. Miscio**
5.3 STREET ADDRESS **1797D NE 31st Ct., #4112**
5.4 CITY-ST-ZIP **Aventura, FL 33160**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **TV** ☐ Change ☒ Addition
6.2 NAME **Nora Swan**
6.3 STREET ADDRESS **900 Bay Drive, #727**
6.4 CITY-ST-ZIP **Miami Beach, FL 33141**

14. 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 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: *Erika Miscio* **ERIKA MISCIO** 4/16/98 (305)705-0866

CR2E037 (1097)