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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000009049

1. Corporation Name
FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION MIAMI / SOUTH FLORIDA CHAPTER

Principal Place of Business	Mailing Address
1355 MERIDIAN AVENUE SUITE 4 MIAMI BEACH, FLORIDA 33139	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0087949 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASH MCMAHON 1355 MERIDIAN AVE Suite 4 MIAMI BEACH, FLORIDA 33139	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 CASH MCMAHON 8-5-99
Signature, typed 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	EXE. V.P.	☐ DELETE	1.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	Sherry Faith		1.2 NAME	Cynthia Gooch Copley	
STREET ADDRESS	9300 E. Bay Harbor DR		1.3 STREET ADDRESS	9425 Collins Ave # 8-D	
CITY-ST-ZIP	Bay Harbor Island, FL		1.4 CITY-ST-ZIP	Surfside, FL 33154	
TITLE	TREASURER	☑ DELETE	2.1 TITLE	BOARD member	☐ Change ☑ Addition
NAME	BRUCE KNASSMAN		2.2 NAME	Annette Berc	
STREET ADDRESS	1090 96th ST		2.3 STREET ADDRESS	9497 SO. Dixie Hwy. Ste 149	
CITY-ST-ZIP	Bay Harbor Island, FL		2.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	SECRETARY	☑ DELETE	3.1 TITLE	BOARD member	☑ Change ☐ Addition
NAME	ERIKA MISCIO		3.2 NAME	PETER F. NEFSKY	
STREET ADDRESS	17970 NE 31 St COURT #4305		3.3 STREET ADDRESS	12841 S.W. 73rd DR. # 252A	
CITY-ST-ZIP	AVENTURA, FL 33160		3.4 CITY-ST-ZIP	MIAMI FL 33265	
TITLE D	CASH MCMAHON	☐ DELETE	4.1 TITLE D	BOARD member	☐ Change ☑ Addition
NAME	1355 MERIDIAN AVE #4		4.2 NAME	DANICA VORKAPICH	
STREET ADDRESS	MIAMI BEACH, FL 33139		4.3 STREET ADDRESS	6200 S.W. 79 St	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI FL 33143	
TITLE		☐ DELETE	5.1 TITLE	BOARD member	☐ Change ☑ Addition
NAME			5.2 NAME	ROSS POWER	
STREET ADDRESS			5.3 STREET ADDRESS	3701 NW 2nd AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	TS	☐ DELETE	6.1 TITLE D	PRESIDENT	☑ Change ☐ Addition
NAME			6.2 NAME	NORA SWAN	
STREET ADDRESS			6.3 STREET ADDRESS	908 BAY DRIVE #727	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: CASH MCMAHON 9/5/99 305 672 4186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #