

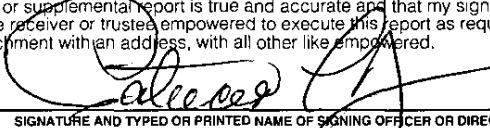


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90017 029 ****61.25

DOCUMENT # N97000003156 1. Entity Name MARCO ISLAND FILM FESTIVAL, INC.					
Principal Place of Business 601 ELKCAM CR. STE. B-6 MARCO ISLAND, FL 34145				Mailing Address 601 ELKCAM CR. STE. B-6 MARCO ISLAND, FL 34145	
2. Principal Place of Business		3. Mailing Address		 07052004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0775361				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, CRAIG R 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		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	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, MAURY			NAME	
STREET ADDRESS	1307 RIVERHEAD AVE			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINN, FRED			NAME	
STREET ADDRESS	679 CAMEO COURT			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERY, PATRICIA L			NAME	
STREET ADDRESS	P O BOX 2002			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34146			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTH, MARY L			NAME	
STREET ADDRESS	P O BOX 133 N/A			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34146			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEN, DARRELL			NAME	TAKASAWA
STREET ADDRESS	5369 COVE CIRCLE			STREET ADDRESS	FAY TAKASAWA
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	300 S. COLLIER BLVD.
TITLE	PD	<input type="checkbox"/> Delete		TITLE	MARCO ISLAND, FL
NAME	CAMPO, NICK			NAME	
STREET ADDRESS	MARCO MOVIE THEATHER 599 S. COLLIER			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
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 all other like empowered.					
SIGNATURE: 				7/30/04 239-642-3378	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	