2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N98000001986

Entity Name: SARASOTA FILM FESTIVAL, INC.

Current Principal Place of Business:

332 COCOANUT AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

332 COCOANUT AVENUE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0826229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELCH, JOHN D DR.
650 MOURNING DOVE DRIVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCCURRY, NEIL D
Address: 25 S. LINKS AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: CAMBEST, LYNN
Address: 1777 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: FAMIGLIO, MARK P
Address: 1247 MANDALAY POINT
City-St-Zip: SARASOTA, FL 34242

Title: T ( ) Delete
Name: JENKINS, NANCY
Address: 629 KINGFISHER LANE
City-St-Zip: SARASOTA, FL 34228

Title: D ( ) Delete
Name: WEINER, SHARYN
Address: 7755 ALISTER MACKENZIE DR.
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: NAKAMOTO, KERI
Address: 3600 TORREY PINES BLVD.
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLACK, IAN
Address: 1419-A 5TH STREET
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change ( ) Addition
Name: MCCURRY, NEIL
Address: 25 S. LINKS AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN BLACK PD 01/31/2008

Electronic Signature of Signing Officer or Director — Date