

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005706

**FILED**  
**Oct 03, 2013**  
**Secretary of State**

**Entity Name:** FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION/GREATER DAYTONA BEACH CHAPTER, INC.

**Current Principal Place of Business:**

630 MUSCOVY CIRCLE  
SUITE D  
DELAND, FL 32721 US

**New Principal Place of Business:**

109LEON AVE  
DELAND, FL 32720 US

**Current Mailing Address:**

P.O. BOX 4132  
DELAND, FL 32721 US

**New Mailing Address:**

**FEI Number:** 59-0301234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NESMITH, LINDA K  
630 MUSCOVY CIRCLE  
SUITE D  
DELAND, FL 32721 US

**Name and Address of New Registered Agent:**

NESMITH, LINDA K  
109 LEON AVE  
SUITE D  
DELAND, FL 32720 US

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: LINDA MITCHELL

10/03/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRE  
Name: HOCH, CHRISTOTHE J  
Address: PO BOX 4132  
City-St-Zip: DELAND, FL 32721 US

Title: TRES  
Name: HOCH, AMANDA  
Address: PO BOX 4132  
City-St-Zip: DELAND, FL 32721 US

Title: EVP  
Name: LONDON, HAL  
Address: PO BOX 4132  
City-St-Zip: DELAND, FL 32721 US

Title: VP  
Name: FABER, RUSS  
Address: PO BOX 4132  
City-St-Zip: DELAND, FL 32721 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA MITCHELL

AGNT

10/03/2013

Electronic Signature of Signing Officer or Director

Date