2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N99000003341

Entity Name: FLORIDA FILM INSTITUTE, INC.

Current Principal Place of Business:

640 NE 124 STREET
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

640 NE 124 STREET
NORTH MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0928165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINORIZZI, STEPHANIE G
640 NE 124 STREET
NORTH MIAMI, FL 33161 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: MARTINORIZZI, STEPHANIE G
Address: 640 NE 124 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VD ( ) Delete
Name: FLESCHER, CARMEN
Address: 640 NE 124 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: TRES ( ) Delete
Name: OBREGON, LUCIA M ED
Address: 640 NE 124 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: SECY ( ) Delete
Name: MASSANET, MICHELLE
Address: 640 NE 124 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: DIR ( ) Delete
Name: LYTTON, EDUARDO
Address: 640 NE 124 STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: STEPHANIE G. MARTINORIZZI PRES 04/02/2008

Electronic Signature of Signing Officer or Director — Date