


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90459 026 ****70.00

DOCUMENT # N99000004065	
1. Entity Name FILM COMMISSION OF REAL FLORIDA, INC.	

Principal Place of Business 1025 SW 1ST AVE SUITE B OCALA, FL 34474	Mailing Address 1025 SW 1ST AVE SUITE B OCALA, FL 34474
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64070703



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3606243	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POTAPOW, KITTY 6383 SE 21ST COURT RD OCALA, FL 34474	DO NOT WRITE IN THIS SPACE
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 May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTAPOW, KITTY 6383 SE 21CT RD OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD SMITH, GARVIN 400 NORTH FERN CREEK AVE. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PULSIPHER, W L 605 SW 1ST AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACBLANE, ROBIN L 10377 SW 60RD TERRACE 8477 SW 1035 RD / #A OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASLEY, DENISE REBECCA W. HUNT 2662 PRIVADA DR 7003 SW 77th Street LADY LAKE, FL 32159 GAINESVILLE FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: R. MacBlane ROBIN MACBLANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/04 (352) 671-1717
Date Daytime Phone #