

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90305 039 ***150.00

DOCUMENT # P01000114306 1. Entity Name FILM FRAME ENTERTAINMENT, INC. 400A0200 Principal Place of Business Mailing Address 773 MAINSAIL DRIVE 4710 EISENHOWER BLVD TAMPA, FL 33602 #C-6 -TAMPA; FL 33634 2. Principal Place of Business 3. Mailing Address 7500 SURREY PINES OR 7502 Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 CR2E034 (11/05) Chq-P Apollo B.EACh City & State City & State 4. FEI Number Applied For MOLI BEACH 80-0021607 Not Applicable 33<u>572</u> Country \$8.75 Additional 6. Certificate of Status Desired tells boroug Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EMERY, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 4710 EISENHOWER BLVD., #C-6 SURREY TAMPA, FL 33634 pullo Beach 8. The above name, ment 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE'IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. FITLE ☐ Delete TITLE 1502 Suppey PINES OR Apollo Beach FL 3 EMERY ROBERT J NAME NAME 4710 EISENHOWER BLVD., #C-6 STREET ADDRESS STREET ADDRESS 33572 TAMPA, FL 33634 CITY-ST-7IP CITY-ST-71P Delete TITLE TITLE Sunkey PLACES DR **EMERY, SUSANNE** NAME NAME 773 MAINSAIL DRIVE STREET ADDRESS STREET ADDRESS 33572 CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33602** ☐ Addition TITLE Delete HILE NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-71P ☐ Chande ☐ Addition Delete TITI F NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

STREET ADORESS

STREET ADDRESS CITY-ST-ZIP

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NAME

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TITLE

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