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FILED
Jul 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36054

(5)

1. Corporation Name

PARADISE FILM GROUP, INC.

Principal Place of Business

DISNEY MGM BACKLOT
TRAILER DD-5
LAKE BUENA VISTA FL 32830
US

Mailing Address

PO BOX 22614
LAKE BUENA VISTA FL 32830-2614
US

2. Principal Place of Business

21 1000 UNIVERSAL STUDIOS

Suite, Apt. #, etc.

PLAZA

City & State

23 ORLANDO FL

Zip

24 32819

Country

25 ORANGE

2a. Mailing Address

26 PO BOX 690788

Suite, Apt. #, etc.

City & State

28 ORLANDO FL

Zip

29 32869

Country

30 ORANGE

9. Name and Address of Current Registered Agent

ALBERTINE, MICHAEL O.
2400 E. COMMERCIAL BLVD.
STE. 318
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified

10/17/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

38-2416143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

6/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE

CDP
GARNETTI, FRANK A.
521 SHEPHERD AVE
WINTER PARK FL

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

SDT
GARNETTI, GAIL A.
521 SHEPHERD AVE
WINTER PARK FL

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

[Signature]

CR2E034 (9/96)