PLEASE REAL		ONS BEFORE	COMPLETING THIS FORM.	$\widehat{(\mathbf{v})}$
APRILEATIONX ECROS	FLORIDA BEDIA	ry of tale	FILED	U
DOCUMENT # P200000919			99 OCT 13 PH 12: 1.7	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
The Movie Connection, Inc			TALLAHASSEE, FLURIDA	
Frincipal Place of Business 1449 E. hafaye. He Tallahassee, Fl. 32301				
Tallahassee, Fl. 32301				
If above addresses are incorrect in any way, line through incorrect information and enter correction be 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date incorporated or Qualified.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business In Borida	
City & State	City & State		59-3163978	Applied For Not Applicable
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED D	Additional Fee required
7. Names and Street Addresses of Each Officer an Name of Officers	nd/or Director (Florida nonprofit	corporations must list at I Street Address of Ea		
Title(s) and/or Directors Offli 1 2 3 (Do NOT Use)		Officer and/or Direct NOT Use Post Office Box	or City / State	/ Zip
Res James Felkey Tall FI 32303			Dr. Jallahussee	FT. 3.2307
			900003018 	1073029
			****865.00	****865.00
		1		
			8	j r
B. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
James Felkey		Name 88		
1829 Jaymon Phi			s (P.O. Box Number is Not Acceptable)	
[10Mahassee F132303 [Suite, Apt. #, Etc.	
10. I, being appointed the registered agent of the	bove named convoration, an fa		FL	
Signature of Registered Agent) Jack	ØZ	Date _10/12/	95
11. This corporation owes the	REGISTERED AGENT MUST	agn		
Intangible Personal Prop		30. Yes	See other side for on intangib	
this reinstatement application, the reason for dis owed by the corporation have been paid and the	ssolution has been eliminated, the names of individuals listed on	ne corporate name satisfie this form do not qualify to	provided for in chapter 607 or 617, F.S. I further cer is the requirements of section 607.0401 or 617.0401 or an exemption under section 119.07(3)(i), F.S. The low code	, F.S., that all fees
on this application is trate and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR				
1		r		



To Whom It May Concern:

I did not receive My annual report for 1995 due to an address change.

