Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90136 023 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400093004

1. Corporation Name

THE FLORIDA FILM INVESTMENT COMPANY

Principal Place of Business Mailing Address							I (ESITED) 310 IONE STREET ORNER AGENT AGE	
7238 HIAWASSEE OAK DRIVE			7238 HIAWASSEE OAK DRIVE					
ORLANDO FL 32818			ORLANDO FL 32818				DO MOT WOLTE IN THIS CRACE	
							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed 01/01/1995	
A SECTION Address			Mailing Address				4. FEI Number Applied For	
2. Principal Place of Business			2a. Mailing Address				59-3286615 Not Applicable	
Strike And # oto			Suite, Apt. #, etc.				\$8.75 Additional	
Suite, Apt. #, etc.			27				5. Certificate of Status Desired Fee Required	
City & State			*City & State -				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible	
24	25 29 30		30			Personal Property Tax.		
	9. Name and Address of Cur	rent Regist	ered Agent				10. Name and Address of New Registered Agent	
					81	Name		
TIJORIWALA, ANIKUMAR G					82 Street Addre		dress (P.O. Box Number is Not Acceptable)	
2950 ALOMA AVENUE								
SUITE 305								
WINTER PARK FL 32792					84 City		85 Zip Code	
						-	FL	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ite of Florid igations of,	a. Such change was a Section 607.0505, Flo	utnorizeo orida Stati	i by utes.	ine corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered red when reinstating) DATE	
12.	OFFICERS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ DELETE	1.1 TC	RΕ		☐ Change ☐ Addition	
NAME	MORNINGSTAR, CAROLANNE		1.2 NA	1.2 NAME				
STREET ADDRESS	7238 HIAWASSEE OAK DRI	VE.		1.3 \$7	REET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818			1.4 CITY-		T-ZIP		
TITLE	DELETE		2.1 TI	2.1 TITLE		☐ Change ☐ Addition		
NAME		-		2.2 N	ME			
STREET ADDRESS				2.3 S1	REET	ADDRESS		
CITY-ST-ZIP			2.4 C	2. 4 CITY- ST-ZIP				
TITLÉ	DELETE □		- DELETE	3.1 π	"3.1 TITLE		÷ • □ Change □ Addition	
NAME				3.2 N	ME			
STREET ADDRESS				3.3 S1	REET	ADDRESS		
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP		
TITLE			☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition	
NAME				4. 2 N				
STREET ADDRESS				4.3 \$1	REE1	ADDRESS		
CITY-ST-ZIP				4.4 CI		T-ZIP		
TITLE			☐ DELETE	5.1 TI			☐ Change ☐ Addition	
NAME				5.2 N/				
STREET ADDRESS	·					ADDRESS		
CITY-ST-ZIP .				5.4 CI	TY-S	T-ZIP		

14. 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 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, with all the like empowered.

SIGNATURE:

4/14/99

407/292-7458

6.4 CITY-ST-ZIP

6.1 T/TLE

6.2 NAME 6.3 STREET ADDRESS

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition