2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED IN

Mar 15, 2004 8:00 am Secretary of State DOCUMENT # P94000093004 03-15-2004 90060 018 ***150.00 THE FLORIDA FILM INVESTMENT COMPANY Principal Place of Business Mailing Address 7238 HIAWASSEE OAK DRIVE 7238 HIAWASSEE OAK DRIVE ORLANDO, FL 32818 ORLANDO, FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3286615 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIJORIWALA, ANIKUMAR G Street Address (P.O. Box Number is Not Acceptable) 1018 FAIRCLOTH COURT OVIEDO, FL 32765-7024 City Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE Change ☐ Addition TITLE ☐ Delete MORNINGSTAR, CAROLANNE NAME NAME STREET ADDRESS 7238 HIAWASSEE OAK DRIVE STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TILE TITLE ☐ Delete ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z(P ☐ Delete IIII.E Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Theraby 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 607, 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.

NG OFFICER OR DIRECTOR

Mar 12, 2004

Dale

407/292-7458

Daytime Phone #

FILED