2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2005 08:00 AM Secretary of State DOCUMENT # P95000051850 1. Entity Name FILMS PLUS, INC. Principal Place of Business Mailing Address 2319 36TH ST WEST 2319 36TH ST WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4, FEI Number 65-0593480 Not Applicable Zip Country Zip 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 Name HUIZER, JOHN D Street Address (P.O. Box Number is Not Acceptable) 357 6TH AVE W **BRADENTON FL 34205** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when correstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THEF Delete HILE Change ☐ Addition NAME HUIZER, JOHN D NAME STREET ADDRESS STREET ADDRESS 357 6TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Change ☐ Addition TITLE ☐ Delete ms U00000232425 NAME NAME D2/17/05-80001-001 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIY-ST ZIP Change Addition ☐ Delete BHÉ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change Addition THE Delete THE NAME NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Addition THE F Delete Trill Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change Addition ITHE NAME NAME STREET ADDRESS STREET ADDRESS GUY-ST-ZIP CHY ST-ZIP

12. 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 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 of bustee 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.

SIGNATURE:

CHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 9H 148-080

FILED