FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000074163 (3)**

1. Corporation Name

INTERNATIONAL NETWORK OF FILM AND ENTERTAINMENT PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
3800 S. TAMIAMI TRAIL. SUITE 18B SARASOTA FL 34239	3800 S. TAMIAMI TRAIL. SUITE 18B SARASOTA FL 34239

3. Date Incorporated or Qualified: 09/26/1995

3a. Date of Last Report:

4. FEI Number: 65-0622675 ☐ 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: ELIZABETH TRUPIN
82 Street Address (P.O. Box Number is Not Acceptable): 6308-A MIDNIGHT PASS RD
83
84 City: SARASOTA FL 85 Zip Code: 34242

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: Elizabeth Trupin ELIZABETH TRUPIN, PRESIDENT DATE: 4/2/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PULLI, VINCE 3800 S. TAMIAMI TRAIL, SUITE 18B SARASOTA FL 34239	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD TRUPIN, ELIZABETH 1350 N. PORTOFINO DR. APT. 309 SARASOTA FL 34242	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOBBS, MARITA 3800 S. TAMIAMI TRAIL, SUITE 18B SARASOTA FL 34239	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	PTD TRUPIN, ELIZABETH 6308-A MIDNIGHT PASS RD. SARASOTA, FL 34242	☒ Change ☐ Addition
3 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 annual reports filed with the Department, 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 added by this report.

SIGNATURE: Elizabeth Trupin 4/2/96 941-954-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELIZABETH TRUPIN