

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90128 023 \*\*\*150.00

**DOCUMENT # P95000074163**

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~~

4010 SAWYER CT., STE. B  
SARASOTA, FL 34233

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

2. Principal Place of Business

2a. Mailing Address

21 4010 SAWYER CT.

26 4010 SAWYER CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27 B

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

Zip

Zip

24 34233

25 USA

29 34233

30 USA

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELIZABETH TRUPIN  
3800 S TAMiami TRAIL #18  
SARASOTA FL 34239

81 Name

ELIZABETH TRUPIN

82 Street Address (P.O. Box Number is Not Acceptable)

83 4010 SAWYER CT., STE. B

84 City

SARASOTA

FL

85 Zip Code

34233

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME PULLI, VINCE  
STREET ADDRESS 3800 S. TAMiami TRAIL, SUITE 18B  
CITY-ST-ZIP SARASOTA FL 34239

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME VINCE PULLI  
1.3 STREET ADDRESS 4010 SAWYER CT., STE. B  
1.4 CITY-ST-ZIP SARASOTA FL 34233

TITLE PTD. ☐ DELETE  
NAME TRUPIN, ELIZABETH  
STREET ADDRESS 6308-A MIDNIGHT PASS RD  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE PRESIDENT; TREASURER ☒ Change ☐ Addition  
2.2 NAME ELIZABETH TRUPIN  
2.3 STREET ADDRESS 4010 SAWYER CT., STE. B  
2.4 CITY-ST-ZIP SARASOTA FL 34233

TITLE S ☐ DELETE  
NAME HOBBS, MARITA  
STREET ADDRESS 3800 S. TAMiami TRAIL, SUITE 18B  
CITY-ST-ZIP SARASOTA FL 34239

3.1 TITLE SECRETARY ☒ Change ☐ Addition  
3.2 NAME MARITA HOBBS  
3.3 STREET ADDRESS 4010 SAWYER CT., STE. B  
3.4 CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 other like empowered.

SIGNATURE: Elizabeth Trupin REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 941-924-6678  
Date Daytime Phone #

CR2E034 (11/98)