## 2004 FOR PROFIT CORPORATION

## Mar 22, 2004 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P97000002264 03-22-2004 90048 048 \*\*\*150.00 FILM TECHNOLOGIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 94033353 2544 TERMINAL DRIVE SOUTH 2544 TERMINAL DRIVE SOUTH ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182004 Cha-P CR2E034 (10/03) City & State City & State 4. EE! Number Applied For 59-3422874 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHEELER, DONALD O Street Address (P.O. Box Number is Not Acceptable) 2544 TERMINAL DRIVE SOUTH ST. PETERSBURG, FL 33712 City Zip Code FI 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 reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. OFFICERS AND DIRECTORS 11. PS TITLE ☐ Delete TITLE V Steven Frazier ☐ Change Addition NAME WHEELER, DONALD O NAME STREET ADDRESS 2544 TERMINAL DRIVE SOUTH STREET ADDRESS 2544 Terminal Drive S CITY-ST-ZIP ST. PETERSBURG, FL 33712 CITY-ST-ZIP St. Petersburg FL 33712 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MICHAUD, STEPHEN NAME NAME STREET ADDRESS 2544 TERMINAL DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33712 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change Addition NAME MIRO, FRANK NAME STREET ADDRESS 2544 TERMINAL DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME

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 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 attachmosphility an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IGNATURE AND TYPED OR PRINTED N

Delete

☐ Addition

☐ Change

FILED