

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**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90096 043 \*\*\*150.00

**DOCUMENT # P97000024582**

1. Corporation Name  
**CINEMA SCIENCE INC.**

Principal Place of Business  
**2559 RIVA COURT  
ORLANDO FL 32817**

Mailing Address  
**2559 RIVA COURT  
ORLANDO FL 32817**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/11/1997**

4. FEI Number  
**59-3442495**

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

2. Principal Place of Business

2a. Mailing Address

21 **9151 Telfer Run**  
Suite, Apt. #, etc.

26 **PO Box 67721**  
Suite, Apt. #, etc.

22 **Orlando, FL**  
City & State

27 **Orlando, FL**  
City & State

23 **Orlando, FL**  
Zip Country

28 **Orlando, FL**  
Zip Country

24 **32817** 25 **USA**

29 **32867** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRAKES, STEPHEN B  
2559 RIVA COURT  
ORLANDO FL 32817**

81 Name **Stephen Plude**  
82 Street Address (P.O. Box Number is Not Acceptable) **9151 Telfer Run**  
83   
84 City **Orlando** 85 Zip Code **FL 32817**

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 **Stephen Plude Secretary/Treasurer**

**3/11/99**

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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRAKES, DAWN</b>	
STREET ADDRESS	<b>1521 TOY ST SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRAKES, KERRY</b>	
STREET ADDRESS	<b>1521 TOY ST SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRAKES, SANDY</b>	
STREET ADDRESS	<b>2559 RIVA CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAKES, STEPHEN B</b>	
STREET ADDRESS	<b>2559 RIVA COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Stephen B. Drakes</b>	
1.3 STREET ADDRESS	<b>2489 Tommys Turn</b>	
1.4 CITY-ST-ZIP	<b>Oviedo, FL 32766</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kerry Drakes</b>	
2.3 STREET ADDRESS	<b>1521 Toy St SE</b>	
2.4 CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>	
3.1 TITLE	<b>A/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Sandy Drakes</b>	
3.3 STREET ADDRESS	<b>2489 Tommys Turn</b>	
3.4 CITY-ST-ZIP	<b>Oviedo, FL 32766</b>	
4.1 TITLE	<b>A/VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Dawn Drakes</b>	
4.3 STREET ADDRESS	<b>1521 Toy St. SE</b>	
4.4 CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>	
5.1 TITLE	<b>A/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Jeni L. Plude</b>	
5.3 STREET ADDRESS	<b>9151 Telfer Run</b>	
5.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>	
6.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Stephen Plude</b>	
6.3 STREET ADDRESS	<b>9151 Telfer Run</b>	
6.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Stephen Plude**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-99 (407) 678-9222**  
Date Daytime Phone #

CR2E034 (11/98)

0098841