

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000058494 (0)**

1. Corporation Name

GORILLA FILMS, INC.

Principal Place of Business

**12690 NORTHWEST 11TH PLACE
SUNRISE FL 33323**

Mailing Address

**12690 NORTHWEST 11TH PLACE
SUNRISE FL 33323**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

65-0791259

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **1210 N.W. 127th Dr**

Suite, Apt. #, etc.

22 City & State

23 **Sunrise, FL**

24 Zip

33323

Country

USA

2a. Mailing Address

26 **1210 N.W. 127th Dr**

Suite, Apt. #, etc.

27 City & State

28 **Sunrise, FL**

Zip

33323

Country

USA

9. Name and Address of Current Registered Agent

**DENKIN, TODD
12690 NORTHWEST 11TH PLACE
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name

Todd Denkin

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

1210 N.W. 127th Dr

83

84 City

Sunrise

FL

85 Zip Code

33323

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

TITLE **PVST** ☐ DELETE

NAME **DENKIN, TODD**
STREET ADDRESS **12690 NORTHWEST 11TH PLACE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **D** ☐ DELETE

NAME **DENKIN, TODD**
STREET ADDRESS **12690 NORTHWEST 11TH PLACE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **DENKIN TODD**
1.3 STREET ADDRESS **1210 N.W. 127th PL**
1.4 CITY-ST-ZIP **Sunrise, FL 33323**

2.1 TITLE **MARK EBERLE (V.P.)** ☐ Change ☒ Addition

2.2 NAME **MARK EBERLE (V.P.)**
2.3 STREET ADDRESS **596 Cascade Falls Dr.**
2.4 CITY-ST-ZIP **FL 33327**

3.1 TITLE **V.P.** ☐ Change ☒ Addition

3.2 NAME **Brien Quinn**
3.3 STREET ADDRESS **1611 Vera Cruz Ln.**
3.4 CITY-ST-ZIP **Weston, FL 33327**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

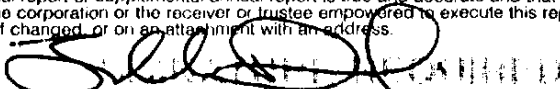
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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.

SIGNATURE:



4.22.98

CR2034 (10/97)