

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90222 020 \*\*\*150.00

DOCUMENT # P97000058494

1. Corporation Name  
GORILLA FILMS, INC.

Principal Place of Business

1210 NW 127TH DR  
SUNRISE FL 33323  
US

Mailing Address

1210 NW 127TH DR  
SUNRISE FL 33323  
US

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

☐

\$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

21 2737 E. Oakland Pk

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 101F

Suite, Apt. #, etc.

27

City & State

23 Ft. Lauderdale

City & State

28

Zip

24 33306

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DENKIN, TODD  
1210 NW 127TH DR  
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 1210 NW 11TH PL  
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 VP ☒ DELETE

NAME EBERLE, MARK  
STREET ADDRESS 596 CASCADE FALLS DR  
CITY-ST-ZIP SUNRISE FL 33327

TITLE VP ☐ DELETE

NAME QUINN, BRIEN  
STREET ADDRESS 1611 VERA CRUZ LN  
CITY-ST-ZIP WESTON FL 33327

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 V.P. ☒ Change ☐ Addition

1.2 NAME Eberle, Mark  
1.3 STREET ADDRESS 3332 N.E. 38th St.  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

(954) 566-5002

Daytime Phone #

CR2E034 (11/98)

0318621