

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 90159 045 ***150.00

DOCUMENT # P97000073069

1. Corporation Name

FIRST OF MAY FILM COMPANY

Principal Place of Business

151 EAST OHIO AVENUE
LAKE HELEN FL 32744

Mailing Address

2962 FALLING TREE CIRCLE
ORLANDO FL 32837
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

59-3472406

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

BETANCOURT, NELSON
151 EAST OHIO AVENUE
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

81 Name WILLIAM WHITACRE
82 Street Address (P.O. Box Number is Not Acceptable)
1000 Universal Studios Plaza
83 ~~Shaw~~ Bldg 22 Suite 247
84 City Orlando FL 85 Zip Code 32819

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	SIRMONS, PAUL	151 EAST OHIO AVENUE	LAKE HELEN FL 32744	<input type="checkbox"/>
SD	ROGERS, GARY	151 EAST OHIO AVENUE	LAKE HELEN FL 32744	<input type="checkbox"/>
TD	BETANCOURT, NELSON	151 EAST OHIO AVENUE	LAKE HELEN FL 32744	<input checked="" type="checkbox"/>
SEBASTIAN				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2962 falling tree circle	ORLANDO FL 32837	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		SHERRY TREXLER		
		TREASURER/DIRECTOR		
		2962 FALLING TREE CR.		
		ORLANDO, FL 32837		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

SIGNATURE: SIRMONS 1/9/99 (800) 459-0327

CR2E034 (11/98)