SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S74146** **(9)**

1. Corporation Name
FLAGSHIP FILMS, INC.

Principal Place of Business
200 HARRISON AVE
PANAMA CITY FL 32401

Mailing Address
P.O. BOX 66
PANAMA CITY FL 32402
US

3. Date Incorporated or Qualified: 08/15/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2811 Longleaf Rd
Suite, Apt. #, etc
22
City & State
23 Panama City, FL
Zip 24 32405 Country 25 USA

2a. Mailing Address
26 2811 Longleaf Rd
Suite, Apt. #, etc
27
City & State
28 Panama City FL
Zip 29 32405 Country 30 USA

4. FEI Number: 59-3077457 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CAMPBELL, TIMOTHY C
200 HARRISON AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2811 Longleaf Rd
83
84 City Panama City FL 85 Zip Code 32405

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) of registered agent and title, if applicable — NOTE: Registered Agent signature required when revoking — DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS	☐ DELETE
NAME	CAMPBELL, TIMOTHY C	
STREET ADDRESS	200 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	☐ DELETE
NAME	CAMPBELL, TIMOTHY C	
STREET ADDRESS	200 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	☐ DELETE
NAME	CAMPBELL, DEBORAH	
STREET ADDRESS	200 HARRISON AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
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		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2811 Longleaf Rd	
1.4 CITY-ST-ZIP	Panama City, FL 32405	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2811 Longleaf Rd	
2.4 CITY-ST-ZIP	Panama City, FL 32405	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2811 Longleaf Rd	
3.4 CITY-ST-ZIP	Panama City, FL 32405	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-96 (904) 784-0702
Date — Daytime Phone #

CR2E034 (3/96)