2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001170

1. Entity Name

MOVIETICKETS.COM, INC.



Principal Place of Business Mailing Address

2255 GLADES RD, STE 221A BOCA RATON, FL 33431 2255 GLADES RD, STE 221A BOCA RATON, FL 33431

FILED Aug 04, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1877087 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent algoature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS
TITLE	CP
NAME	RUBENSTEIN, MITCHELL
STREET ADDRESS	2255 GLADES RD, STE 221A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CP
NAME	BROWN, PETER
STREET ADDRESS	2255 GLADES RD, STE 221A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CP
NAME	REDSTONE, SHARI
STREET ADDRESS	2255 GLADES RD, STE 221A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	SEC
NAME	JANKOWSKI, TAD
STREET ADDRESS	2255 GLADES RD, STE 221A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TR
NAME	RASH, FRANK
STREET ADDRESS	2255 GLADES RD, STE 221A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	AS
NAME	SILVER, LAURIE
STREET ADDRESS	2255 GLADES ROAD STE 221A
CITY-ST-ZIP	BOCA RATON, FL 33431
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DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/98

561.998,8000

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