2001 UNIFORM BUSINESS REPORT (UBR)

0025578 AF

DOCUMENT # M00000000849

1. Entity Name

RAVE MOTION PICTURES PENSACOLA, L.L.C.

FILED
01 MAY -1 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% BOSTON VENTURES LIMITED PARTNERSHIP V ONE FEDERAL STREET, 23RD FLOOR BOSTON MA 02110	% BOSTON VENTURES LIMITED PARTNERSHIP V ONE FEDERAL STREET, 23RD FLOOR BOSTON MA 02110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3333 Welborn Street		3333 Welborn Street	
Suite, Apt. #, etc.: Suite WD		Suite, Apt. #, etc.: Suite WC	
City & State: Dallas, Texas		City & State: Dallas, Texas	
Zip: 75219	Country: USA	Zip: 75219	Country: USA

4. FEI Number 75-2887387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

800004275358--4
-05/22/01--01012--015
****100.00 *****50.00

CR2E083 (11/00)

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAVE REVIEWS CINEMAS, L.L.C. ONE FEDERAL STREET, 23RD FLOOR BOSTON MA 02110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the *limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.*

SIGNATURE: [signature] Peter A. Nelson 4/25/01 972-692-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #