2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90202 001 ***150.00

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DOCUMENT # M00000000849

1. Entity Name
RAVE MOTION PICTURES PENSACOLA, L.L.C.

Principal Place of Business	Mailing Address
3333 WELBORN STREET. SUITE 100 DALLAS TX 75219	3333 WELBORN STREET. SUITE 100 DALLAS TX 75219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6595 North W Street	3333 Welborn
Suite, Apt. #, etc.	Suite, Apt. #, etc. #100
City & State: Pensacola, FL	City & State: Dallas, TX
Zip: 32505 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			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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CR2E083 (9/01)

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 REQUIRED Peter A. Nelson 3/25/02 972-692-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #