2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000000849

RAVE MOTION PICTURES PENSACOLA, L.L.C.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90036 033 ****50.00

Principal Place of Business 6595 N W STREET PENSACOLA FL 32505		Mailing Address 3333 WELBORN STREE DALLAS TX 75219	3333 WELBORN STREET. SUITE 100				~~ v.u	gagu	
2. Principal	Place of Business	3. Mailing Address		<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Numbe		_		Applied For	
Zip	Country	Zip	Country	<u> </u>	5. Certificate	of Status Desired		\$5.00 A	Not Applicable
	6. Name and Address of Curr	ent Registered Agent		_	7 Name and	Address of New Re		Fee Requi	ired
120	RPORATION SERVICE COMPAN 11 HAYS STREET LAHASSEE FL 32301-2525	γ				er is Not Acceptable)	· ·		
8. The above the obligation SIGNATURE	e named entity submits this statementions of registered agent.			•	ed agent, or both	n, in the State of Flori	FL ida. I am	Zip Co	
	Signature, typed or printed name of registered ag	ent and title if applicable. (I	NOTE: Registered Ac	gent signature required t	when reinstating)	<u>-</u>	DATE		
9.		Make Check Paya	NOW!!! FE able to Florid Due By May	da Departmen	t of State				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAVE REVIEWS CINEMAS, L.I ONE FEDERAL STREET, 23RD BOSTON MA 02110	BERS/MANAGERS Delete C. PLOOR	TITLE NAME STREET A CITY-ST-	- 1		ADDITIONS/C	CHANGES	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET AU CITY-ST-					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET AC	I	<u></u>	 		Change	Addition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	□ Delete	TITLE NAME STREET AD CITY-ST-2	,			,,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z					Change	☐ Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP	—	☐ Delete	TITLE NAME STREET ADO CJTY-ST-7					Change	☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE