

M01000002440

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000298614 3)))



H070002986143ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT

PHOENIX THEATRES, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

RECEIVED

07 DEC 13 AM 11: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 13 AM 8: 52

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help


12/12/2007 16:43 0655660183

HO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 13 AM 8:52

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # M01000002440 | |  | |
| 1. Entity Name PHOENIX THEATRES, LLC | | | |
| Principal Place of Business 111 CENTER PARK DR., STE. 1003 KNOXVILLE, TN 37922 | | Mailing Address 111 CENTER PARK DR., STE. 1003 KNOXVILLE, TN 37922 | |
| 3. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 82-1844639 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 | | Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Applicable) | | Street Address (P.O. Box Number is Not Applicable) | |
| City | | City | |
| FL | | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. <i>Connie Bury</i> CONNIE BURY SIGNATURE: SPECIAL ASSISTANT SECRETARY DATE: 12/13/07 | | | |
| FILE NOW! FEE \$9 \$130.00 After January 1, 2008, Fee will be \$300.00 | | | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete MGRM ZACHARETTI, PHILIP J 111 CENTER PARK DR., STE. 1003 KNOXVILLE, TN 37922 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. 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 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 609, Florida Statutes. | | | |
| SIGNATURE: <i>Phil Zacharetti</i> | | 8 12-13-07 (865)692-4041 | |
| SIGNATURE AND TITLE OR PRINTED NAME OF WORKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | |