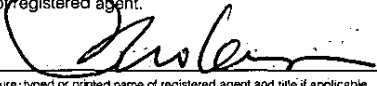
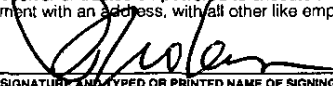


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000001236 1. Entity Name MALTZ JUPITER THEATRE, INC.						FILED 04 NOV 18 PM 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1001 E INDIANTOWN RD JUPITER, FL 33477				Mailing Address 1001 E INDIANTOWN RD JUPITER, FL 33477			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PRICE, TODD ALAN 1001 E INDIANTOWN ROAD JUPITER, FL 33477				Name Peter Croken Street Address (P.O. Box Number is Not Acceptable) 1001 E Indian town Rd City Jupiter FL Zip Code 33477			
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.				DATE 11/09/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, TODD ALAN 6851 MAXWELL DRIVE BOCA RATON, FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALTZ, MILTON 5500 MILITARY TRAIL STE 22-367 JUPITER, FL 33458	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALTZ, TAMAR 5500 MILITARY TRAIL STE 22-367 JUPITER, FL 33458	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, LYKES 212 CORAL CAY TERR PALM BEACH GARDENS, FL 33418	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11/12/03		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, LEAH 478 MARINER DRIVE JUPITER, FL 33477	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600042865756 11/18/04--01031--011 **245.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, RICK 136 SPYGLASS LANE JUPITER, FL 33477	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 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 617, 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 empowered.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 11/09/04 Date		DAYTIME PHONE # 361-743-2666 Daytime Phone #	