2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90031 043 ****61.25

DOCUMENT # N00000001236

1. Entity Name
MALTZ JUPITER THEATRE, INC.

Principal Place of Business	Mailing Address
1001 E INDIANTOWN RD JUPITER, FL 33477	1001 E INDIANTOWN RD JUPITER, FL 33477

03012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0985652
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROKEN, PETER
1001 E INDIANTOWN ROAD
JUPITER, FL 33477

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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 _____ 3/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~D~~
NAME	~~PRICE, TODD ALAN~~
STREET ADDRESS	~~6851 MAXWELL DRIVE~~
CITY-ST-ZIP	~~BOCA RATON, FL 33496~~
TITLE	C
NAME	MALTZ, MILTON
STREET ADDRESS	5500 MILITARY TRAIL STE 22-367
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	MALTZ, TAMAR
STREET ADDRESS	5500 MILITARY TRAIL STE 22-367
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	FRANKEL, LEAH
STREET ADDRESS	478 MARINER DRIVE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	KATZ, RICK
STREET ADDRESS	136 SPYGLASS LANE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Peter Croken 3/15/05 561-743-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #