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FILED Feb 21, 2003 8:00 am Secretary of State

2003	NOT-F	OR-P	ROFIT	CORP	0Ř	ATIO	N
				REPOR			

1. Entity Nam	MENT # N15927 HEATRE, INC.					01-29-20	103 9029	2 049 ···	·*** / 0.00
Principal Plac	e of Business	Mailing Address							
5555 NORTH T SARASOTA FL		5555 NORTH TAMIAMI TRA SARASOTA FL 34243	L						
]				
2. Principal P	Place of Business	3. Mailing Address				/			i Hibii ildi
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2717909			plied For of Applicable	
Zip	Country	Zip	Country		5. Certificate of S			8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	glatered Ag	ent	. , .
				ame	<u> </u>				
5555 N. 7	ELE, LINDA FAMIAMI TRAIL	ه چیزه شوخ د دست	St	reet Address (P.O. Box Number is I	Not Acceptable)			,
SARASOT	TA FL 34243		C	ty			FL	Zip Code	9
# The above	named entity submits this statement for	or the purpose of changing its	registered of	fice or register	red agent, or both, in	the State of Flori		miliar with,	and accept
the obligat	tions of registered agent.		_						
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SIGNATURE .									
0,0,0,0,0,0	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Age	nt signature required	d when reinstating)		DATE		
	Signature, typed or printed name of registered agent	9. Election Car			\$5.00 May Be Added to Fees		e Check Departr	•	
		9. Election Car Trust Fund (mpaign Finan	cing	\$5.00 May Be Added to Fees	Florida ES TO OFFICERS	e Check Departr	nent of S	State
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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 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 chapter of the receiver of trustee empowered.

IGNATURE:

| Chapter | 13.03 (941) 351-9010

SIGNATURE: 4