FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29 1997 8:00am
Secretary of State

DOCUMENT # N96000000746

1. Corporation Name: CITY THEATRE, INC.

Principal Place of Business: 1450 S. Bayshore Dr. #811, Miami, FL 33131

Mailing Address: 1450 S. Bayshore Dr. #811, Miami, FL 33131

3. Date Incorporated or Qualified: 02/08/96

3a. Date of Last Report: —

2. Principal Place of Business: 21 P.O. Box 248268

2a. Mailing Address: 26 P.O. Box 248268

4. FEI Number: 65-0442183 — Applied For / Not Applicable

Suite, Apt. #, etc.: 22

Suite, Apt. #, etc.: 27

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

City & State: 23 CORAL GABLES, FL

City & State: 28 CORAL GABLES, FL

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip: 24 33124 — Country: 25 USA

Zip: 29 33124 — Country: 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Stephanie NORMAN
1450 S. Bayshore Dr. #811
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☒ DELETE
NAME	NORMAN, STEPHANIE	
STREET ADDRESS	1450 S. Bayshore Dr. #811	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DIRECTOR	☒ DELETE
NAME	WOHL, ELENA	
STREET ADDRESS	1233 ANASTASIA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33164	
TITLE	~~WESTPHAL, SU~~ DIRECTOR	☒ DELETE
NAME	WESTPHAL, SUSI	
STREET ADDRESS	525 Allendale	
CITY-ST-ZIP	Key BISCAYNE, FL 33149	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/DIRECTOR	☐ Change ☒ Addition
1.2 NAME	FEIN, ALAN	
1.3 STREET ADDRESS	150 W. FLAGLER STREET, SUITE 2400	
1.4 CITY-ST-ZIP	MIAMI FL 33130	
2.1 TITLE	VICE PRESIDENT/DIRECTOR	☐ Change ☒ Addition
2.2 NAME	NORMAN, JEFF	
2.3 STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 2000	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE	SECRETARY/DIRECTOR	☐ Change ☒ Addition
3.2 NAME	LUNDEEN, JOY	
3.3 STREET ADDRESS	150 W. FLAGLER STREET, SUITE 2400	
3.4 CITY-ST-ZIP	MIAMI FL 33130	
4.1 TITLE	TREASURER/DIRECTOR	☐ Change ☒ Addition
4.2 NAME	STEARNS, KARA	
4.3 STREET ADDRESS	1 BISCAYNE TOWER, SUITE 2100	
4.4 CITY-ST-ZIP	MIAMI FL 33131	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jeff NORMAN V-P — 5-15-97 — (305)539-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #