

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000746

Entity Name: CITY THEATRE, INC.

FILED
Feb 22, 2004
Secretary of State**Current Principal Place of Business:**444 BRICKELL AVE
STE 229
MIAMI, FL 33131 US**New Principal Place of Business:****Current Mailing Address:**444 BRICKELL AVE
STE 229
MIAMI, FL 33131 US**New Mailing Address:**

FEI Number: 65-0642183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NORMAN, STEPHANIE
573 WARREN LANE
KEY BISCAYNE, FL 33149 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FEIN, ALAN
Address: 150 W. FLAGLER STREET, SUITE 2400
City-St-Zip: MIAMI, FL 33130Title: VPD () Delete
Name: NORMAN, JEFF
Address: 201 S. BISCAYNE BLVD. SUITE 2000
City-St-Zip: MIAMI, FL 33131Title: SD () Delete
Name: LUNDEEN, JOY
Address: 150 W. FLAGLER STREET, SUITE 2400
City-St-Zip: MIAMI, FL 33130Title: VPD () Delete
Name: NORMAN, STEPHANIE
Address: 573 WARREN LANE
City-St-Zip: KEY BISCAYNE, FL 33149Title: VPD () Delete
Name: WESTFALL, SUSAN
Address: 525 ALLENDALE RD
City-St-Zip: KEY BISCAYNE, FL 33149**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE NORMAN

OFFI

02/22/2004

Electronic Signature of Signing Officer or Director

Date