

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000746

FILED
Apr 20, 2005
Secretary of State

Entity Name: CITY THEATRE, INC.

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:

NORMAN, STEPHANIE
16280 S POST ROAD
101
WESTON, FL 33331 US

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:

04/20/2005

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 33130

Title: VPD () Delete
Name: NORMAN, JEFF
Address: 201 S. BISCAYNE BLVD. SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: LUNDEEN, JOY
Address: 150 W. FLAGLER STREET, SUITE 2400
City-St-Zip: MIAMI, FL 33130

Title: VPD () Delete
Name: NORMAN, STEPHANIE
Address: 573 WARREN LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: 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: VPD (X) Change () Addition
Name: NORMAN, STEPHANIE
Address: 16280 S POST ROAD #101
City-St-Zip: WESTON, FL 33331

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

VPD

04/20/2005

Electronic Signature of Signing Officer or Director

Date