

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 24, 2006
Secretary of State

DOCUMENT# N96000000746

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
4078 CASCADE TERRACE
WESTON, FL 33332 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: KUCERA, JEFFREY T
Address: 201 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR
City-St-Zip: MIAMI, FL 33130Title: CD () Delete
Name: SCULLY, ANN K
Address: 1500 SAN REMO AVENUE, #295
City-St-Zip: CORAL GABLES, FL 33146Title: VPST () Delete
Name: TAYLOR, STEPHEN
Address: 2601 SOUTH BAYSHORE DRIVE, #600
City-St-Zip: MIAMI, FL 33133Title: D () Delete
Name: NORMAN, STEPHANIE
Address: 4078 CASCADE TERRACE
City-St-Zip: WESTON, FL 33332Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VPD (X) Change () Addition
Name: BREITBART, GREGG
Address: 1451 W. CYPRESS CREEK RD. #204
City-St-Zip: FT. LAUDERDALE, FL 33309Title: SD (X) Change () Addition
Name: NORMAN, STEPHANIE
Address: 4078 CASCADE TERRACE
City-St-Zip: WESTON, FL 33332Title: TD () Change (X) Addition
Name: STONE, KIM
Address: 140 MERIDIAN AVENUE, APT. 314
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANN K. SCULLY

CD

10/24/2006

Electronic Signature of Signing Officer or Director

Date