

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000746

FILED  
Jan 25, 2007  
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  
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 33130

Title: CD ( ) Delete  
Name: SCULLY, ANN K  
Address: 1500 SAN REMO AVENUE, #295  
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD ( ) Delete  
Name: BREITBART, GREGG  
Address: 1451 W. CYPRESS CREEK RD. #204  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SD ( ) Delete  
Name: NORMAN, STEPHANIE  
Address: 4078 CASCADE TERRACE  
City-St-Zip: WESTON, FL 33332

Title: TD ( ) Delete  
Name: STONE, KIM  
Address: 140 MERIDIAN AVENUE, APT. 314  
City-St-Zip: MIAMI BEACH, FL 33139

**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 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

01/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date