

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90023 014 \*\*\*150.00

**DOCUMENT # P01000095174**

1. Entity Name  
**CINEMA CONSULTING SERVICES, INC.**

**41103**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**23 SEA LORE LANE**  
**KEY WEST FL 33040**

Mailing Address  
**23 SEA LORE LANE**  
**KEY WEST FL 33040**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **58-2661549**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CROWLEY, JOHN J JR**  
**23 SEA LORE LANE**  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	JOHN J. CROWLEY JR.	23 SEA LORE LANE	KEY WEST, FL 33040	<input type="checkbox"/>
Treasurer	DANIEL J FLYNN	28 HIGH RIDGE ROAD	BOXFORD, MA 01521	<input type="checkbox"/>
	Paul Wenger	11836 Gortrum Rd.	Kingsville MD 21087	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J. Crowley Jr.* **JOHN J. CROWLEY, JR.** 9/23/02 617-389-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)