

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000746

Entity Name: CITY THEATRE, INC.**Current Principal Place of Business:**444 BRICKELL AVE
STE 229
MIAMI, FL 33131**Current Mailing Address:**444 BRICKELL AVE
STE 229
MIAMI, FL 33131 US**FEI Number:** 65-0642183**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEIN, ALAN H
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name FEIN, ALAN
Address 150 W. FLAGLER ST
City-State-Zip: MIAMI FL 33131

Title CHAIRMAN
Name MELCHIONDO, KELLY R
Address 150 W. FLAGLER ST
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name CHASE, JANET
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name BIGGERS, CHRISTINE
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name BARNETT, GENTLE L ESQ.
Address 3350 SW 148TH AVE
STE 110
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR
Name BLANCO-KULISIC, CRISTINA
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name BUSH, CLINT DR.
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name CHAVERS, CHRISTINE M
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

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I hereby 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 all other like empowered.

SIGNATURE: ALAN FEIN**REGISTERED AGENT****04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ELISBURG, ANDY
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name GLINES, E STETSON
Address 536 HARDEE RD
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name JELLSON, ERIC C
Address 1571 BLUE JAY CIRCLE
City-State-Zip: WESTON FL 33327

Title DIRECTOR
Name SATIN, GERI
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title OFFICER
Name WESTFALL, SUSAN J
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title STAGE DIRECTOR
Name GARRISAN, GAIL
Address 525 NE 8TH AVE
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name GOLDBERG, ALLISON
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name ROTHSTEIN, DAVID
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name MAYS, JASON
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name WOODSON, PATRICIA
Address 444 BRICKELL AVE
STE 229
City-State-Zip: MIAMI FL 33131