

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000746

**FILED**  
**Jan 18, 2017**  
**Secretary of State**  
**CC9768408521**

**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, CKINT 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

**Continues on page 2**

*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

**OFFICER**

**01/18/2017**

\_\_\_\_\_  
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 JELSON, ERIC C  
Address 1571 BLUE JAY CIRCLE  
City-State-Zip: WESTON FL 33327

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

Title DIRECTOR  
Name VALDES, GABRIEL L ESQ.  
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

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 MANZELLI, JOHN  
Address 5204 SW 52 STREET  
City-State-Zip: COOPER CITY FL 33328

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