

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000015723

**Entity Name:** CINEPLEX, INC.

**Current Principal Place of Business:**

6095 N SABAL PALM BLVD  
SUITE 201  
TAMARAC, FL 33319

**Current Mailing Address:**

6095 N SABAL PALM BLVD  
SUITE 201  
TAMARAC, FL 33319 US

**FEI Number:** 52-2217337

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCALLISTER, ELBA M  
6095 N SABAL PALM BLVD  
201  
TAMARAC, FL 33319 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 DIRECTOR/VICEPRESIDENT  
Name MCALLISTER, JUAN D  
Address 6095 N SABAL PALM BLVD APT 201  
City-State-Zip: TAMARAC FL 33319

Title DIRECTOR/PRESIDENT  
Name SALCEDO, DIANA  
Address 640 GLEN IRIS DRIVE NE  
APT 513  
City-State-Zip: ATLANTA GA 30308

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN D MCALLISTER

**VICEPRESIDENT**

**05/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date