Current Mai	ling Address:			
219 LYMAN EAST PATC	RD HOGUE, NY 11772 US			
FEI Number: 92-0984103			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agen	t:		
ODDO, PETER 13881 WELLING WELLINGTON,	GTON TRACE			
The above named	d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of Flor	rida.
	E PETER ODDO			05/06/2024
SIGNATURE	. FETER ODDO			05/00/2024
SIGNATURE	Electronic Signature of Registered Agent			Date
Authorized	Electronic Signature of Registered Agent	Title	AMBR	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	AMBR THEODOROUS, DEAN	
	Electronic Signature of Registered Agent Person(s) Detail : AMBR			
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : AMBR DOSTALER, MICHAEL F	Name	THEODOROUS, DEAN 230 E. SHORE DRIVE	
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : AMBR DOSTALER, MICHAEL F 219 LYMAN RD	Name Address	THEODOROUS, DEAN 230 E. SHORE DRIVE	
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : AMBR DOSTALER, MICHAEL F 219 LYMAN RD EAST PATCHOGUE NY 11772	Name Address City-State-Zip:	THEODOROUS, DEAN 230 E. SHORE DRIVE MASSAPEQUA NY 11758	
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : AMBR DOSTALER, MICHAEL F 219 LYMAN RD EAST PATCHOGUE NY 11772 AMBR	Name Address City-State-Zip: Title	THEODOROUS, DEAN 230 E. SHORE DRIVE MASSAPEQUA NY 11758 AMBR	

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL DOSTALER

MEMBER

05/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L22000477925

Entity Name: SATELLITE CINEMAS LLC

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Current Principal Place of Business:

219 LYMAN RD EAST PATCHOGUE, NY 11772

FILED May 06, 2024 Secretary of State 5722099655CR