

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006450

**Entity Name:** CKN THEATRES, LLC

**Current Principal Place of Business:**

9111 CROSS PARK DR  
STE E275  
KNOXVILLE, TN 37923

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC9833955611**

**Current Mailing Address:**

9111 CROSS PARK DR  
STE E275  
KNOXVILLE, TN 37923 US

**FEI Number:** 46-3766629

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470 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

**Authorized Person(s) Detail :**

Title MGR  
Name ZACHERETTI, PHILIP J  
Address 9111 CROSS PARK DR - STE E275  
City-State-Zip: KNOXVILLE TN 37923

*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:** PHILIP J ZACHERETTI

**MANAGER**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date