

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003359

Entity Name: CINE LATINO, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD.,
SUITE 650
CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DE LEON BLVD.,
SUITE 650
CORAL GABLES, FL 33146 US

FEI Number: 30-0419442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name VARGAS GUAJARDO, ERNESTO
Address 4000 PONCE DE LEON BLVD.,
SUITE 650
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name MCNAMARA, JAMES M.
Address 4000 PONCE DE LEON BLVD.,
SUITE 650
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT, DIRECTOR
Name SOKOL, ALAN J.
Address 2700 COLORADO AVE,
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR, TREASURER, VP
Name FISCHER, CRAIG D.
Address 4000 PONCE DE LEON BLVD.,
SUITE 650
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY
Name TOLSTON, ALEX J.
Address 4000 PONCE DE LEON BLVD.,
SUITE 650
City-State-Zip: CORAL GABLES FL 33146

Title CHIEF FINANCIAL OFFICER
Name AUSTIN, SANDRA
Address 4000 PONCE DE LEON BLVD.,
SUITE 650
City-State-Zip: CORAL GABLES FL 33146

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: ALEX J. TOLSTON

SECRETARY

04/23/2022

Electronic Signature of Signing Officer/Director Detail

Date