

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003359

Entity Name: CINE LATINO, INC.

Current Principal Place of Business:

2000 PONCE DE LEON BLVD., SUITE 500
CORAL GABLES, FL 33134

Current Mailing Address:

2000 PONCE DE LEON BLVD., SUITE 500
CORAL GABLES, FL 33134

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 2000 PONCE DE LEON BLVD., SUITE 500
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MCNAMARA, JAMES
Address 2000 PONCE DE LEON BLVD., SUITE 500
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT, DIRECTOR
Name SOKOL, ALAN
Address 2000 PONCE DE LEON BLVD., SUITE 500
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR, TREASURER
Name FISCHER, CRAIG D
Address 2000 PONCE DE LEON BLVD., SUITE 500
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name TOLSTON, ALEX J
Address 2000 PONCE DE LEON BLVD., SUITE 500
City-State-Zip: CORAL GABLES FL 33134

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

04/20/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date