

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001150

Entity Name: CINELEASE, INC.

**Current Principal Place of Business:**

27500 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27500 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134 US

FEI Number: 95-3167269

Certificate of Status Desired: No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           PRESIDENT  
Name           BIRNBAUM, AARON  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

Title           CHIEF HUMAN RESOURCES OFFICER  
Name           CUNNINGHAM, CHRISTIAN  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

Title           TREASURER  
Name           HUSSAIN, MUSTALLY  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

Title           VP  
Name           ORTIZ, STEVEN M.  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

Title           SECRETARY  
Name           PORTNOY, JAMES  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

Title           ASSISTANT TREASURER  
Name           SHAW, MARLIN  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           DRESSEL, JAMES BRUCE  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           SCOTT, KYLE R.  
Address        27500 RIVERVIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

*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: MARLIN SHAW

ASSISTANT TREASURER   03/25/2019

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

\_\_\_\_\_  
Date