

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004908

Entity Name: CINEPLEX STARBURST INC.**Current Principal Place of Business:**1303 YONGE STREET
TORONTO, ONTARIO M4T-2Y9**Current Mailing Address:**1303 YONGE STREET
TORONTO, ONTARIO M4T-2Y9 CA**FEI Number:** 98-1126129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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	DCEO
Name	MCGRATH, DAN
Address	28 TWYFORD ROAD
City-State-Zip:	ETOBICOKE M9A-1W1

Title	DCFO
Name	NELSON, GORD
Address	89 NORTHDALE ROAD
City-State-Zip:	NORTH YORK M2L-2L9

Title	DP
Name	JACOB, ELLIS
Address	68 YORKVILLE AVENUE, SUITE 307
City-State-Zip:	TORONTO M5R-3V7

Title	D/CHIEF LEGAL OFFICER
Name	FITZGERALD, ANNE
Address	287 RICHMOND STREET SUITE 104
City-State-Zip:	TORONTO M5A-1P2

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: ANNE FITZGERALD**CHIEF LEGAL OFFICER****01/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date