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| Certified Copies | Certificates | of Status |
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| Special Instructions to Fili | ng Officer: | |
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SECRETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Southern Cinemas, Inc. | | | | | |
|---|--|--|--|--|--|
| (Name of Corporatio | n) | | | | |
| DOCUMENT NUMBER: 160432 | | | | | |
| The enclosed Statement of Change of Registered Office/Agent a | and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the fo | llowing: | | | | |
| Sean Emerick | | | | | |
| (Name of Contact Pers | son) | | | | |
| | | | | | |
| National Registered Agents, Inc. | | | | | |
| (Firm/Company) | | | | | |
| 2 Club Centre, Suite 5 (Address) | | | | | |
| Edwardsville, IL 62025 | | | | | |
| (City/State and Zip Co | ode) | | | | |
| For further information concerning this matter, please call: | | | | | |
| Sean Emerick at (61 | 8) 656-3791 | | | | |
| (Name of Contact Person) (A | 8) 656-3791 rea Code & Daytime Telephone Number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department of S | State. | | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

$\ensuremath{\boldsymbol{\epsilon}}$. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | orovisions of sections 607.050 nge is submitted for a corpord r to change its registered offic | ation organized under | the law | vs of the State o | of Florida | |
|--|--|--|--------------------------------------|--|---|----------------------------|
| 1. The name of the corporation: Southern Cinemas, Inc. | | | | | | |
| 2. The principal | office address: 6801 W. 107th | Street, Overland Pa | rk, KS 6 | 66212 | · | <u></u> |
| 3. The mailing a | ddress (if different): | | | | | |
| 4. Date of incorp | oration/qualification: 02/04/1 | 950 Doc | ument n | umber: 1604 | 132 | |
| | street address of the current r tment of State: | registered agent and re | egistered | d office on file | with the | |
| | CT Corporation System | n | | | | |
| | 1200 S. Pine Island Ro | oad | | | | 4 |
| | Plantation, FL 33324 | | | | 2010 A SECTALLY | |
| 6. The name and (if changed): | street address of the new regi | istered agent (if chang | ged) and | l /or registered | SSIR) | TEE |
| | NRAI Services, Inc. | | | | PH I | D |
| | 2731 Executive Par | | ļ | | PH 4: 43 | |
| | Weston, FL 3333 | IOT acceptable) 1 | | | | |
| The street addre | ss of its registered office and be identical. | d the street address o | f the bu | siness office o | of its registered a | gent, |
| Such change wa authorized by th | s authorized by resolution do the board, or the corporation h | | | directors or by of the change. | an officer so | |
| | of arrofficer or director) | | (Prin | ited or typed name | • | |
| I hereby accept I further agree t of my duties, an document is bei corporation has | the appointment as registere o comply with the provisions d I am familiar with and according filed merely to reflect a cluber notified in writing of the house of | ed agent and agree to s of all statutes relati ept the obligation of hange in the register his change. | o act in live to the my posed office | this capacity, e proper and c ition as regist e address, I he | complete perforn ered agent. Or ereby confirm tha | nance if this at the |
| (Sig | mature of Registered Agent) | 4 | 1121 | (Date) | | |
| | half of an entity: | | | . , | | |

Sean L. Emerick, Assistant Secretary

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *