

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493007

FILED
Mar 26, 2009
Secretary of State

Entity Name: MARGATE TWIN CINEMA, INC.

Current Principal Place of Business:

2070 POWERLINE ROAD
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2070 POWERLINE RD
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 59-1648378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALAMUSA, MILLICENT
2070 POWERLINE ROAD
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDS () Delete
Name: CALAMUSA, MILLICENT
Address: 2070 POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD () Delete
Name: CALAMUSA, CHRIS J.
Address: 2070 POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: CALAMUSA, STEVEN
Address: 2070 POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: CALAMUSA, ANGELO J
Address: 2070 POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MILLICENT CALAMUSA

PTDS

03/26/2009

Electronic Signature of Signing Officer or Director

Date