

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 630290

FILED
Mar 18, 2003
Secretary of State

Entity Name: CINEMA EAST CORPORATION

Current Principal Place of Business:

5859 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5859 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 59-1924358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, SUSAN D.
5859 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

ALLEN, SUSAN D
5859 BISCAYNE BLVD
MIAMI, FL 33137 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: SUSAN D. ALLEN

03/18/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ALLEN, SUSAN D,
Address: 5859 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 00000,

Title: PD () Delete
Name: ALLEN, CHARLES N,
Address: 5859 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 00000,

Title: D () Delete
Name: ALLEN, JENNIFER
Address: 1234 NE 96TH ST
City-St-Zip: MIAMI SHORES, FL

Title: D () Delete
Name: ALLEN, BRIAN
Address: 1234 NE 96 ST
City-St-Zip: MIAMI SHORES, FL 33138

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 for the exemption stated in Section 119.07(3)(i), 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: SUSAN ALLEN

DS

03/18/2003

Electronic Signature of Signing Officer or Director

Date