**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.**
**AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF RECEIVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)**

# PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-7712

## DOCUMENT # 665195 (4)

FILED
95 JUL -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Corporation Name

LOEWS PEMBROKE PINES CINEMAS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 120 N UNIVERSITY DR.<br>711 FIFTH AVE.<br>PEMBROKE PINES FL 33024<br>US | C/O COLUMBIA PICTURES ENTERTAINMENT, INC.<br>711 5TH AVE – 15th floor<br>NEW YORK NY 10022<br>US |

3. Date Incorporated or Qualified: 03/31/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): INACTIVE
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 13-3022879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CCEO | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOEKS, JIM | 1.2 NAME | |
| STREET ADDRESS | 711 5TH AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | |
| TITLE | VPS | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SMITH, SEYMOUR H. | 2.2 NAME | |
| STREET ADDRESS | 711 5TH AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 2.4 CITY-ST-ZIP | |
| TITLE | CEO | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOEKS, BARRIE LAWSON | 3.2 NAME | |
| STREET ADDRESS | 711 5TH AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MAY, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 711 5TH AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | |
| TITLE | VP | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOSES, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 711 5TH AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 5.4 CITY-ST-ZIP | |
| TITLE | AS | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | EICHHORN, ROBERT | 6.2 NAME | |
| STREET ADDRESS | 711 FIFTH AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 6.4 CITY-ST-ZIP | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT EICHHORN ASSISTANT SECRETARY 06/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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