

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 665195 (4)

1. Corporation Name
LOEWS PEMBROKE PINES CINEMAS, INC.

Principal Place of Business 120 N. UNIVERSITY DR. 711 FIFTH AVE. PEMBROKE PINES FL 33024 US	Mailing Address C/O COLUMBIA PICTURES ENTERTAINMENT, INC. 711 5TH AVE NEW YORK NY 10022-3109 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1980	3a. Date of Last Report 04/25/1996
21. Suite, Apt. #, etc.		26. SSS Madison Ave		4. FEI Number 13-3022879	Applied For Not Applicable
22. City & State		27. Tax Dept. 8th Fl.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip		28. New York NY		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country		29. 10022		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, ROBERT	5.2 NAME	
STREET ADDRESS	711 5TH AVE.	5.3 STREET ADDRESS	SSS Madison Ave, Tax Dept. 8th Fl.
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	NY, NY 10022
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHHORN, ROBERT	6.2 NAME	
STREET ADDRESS	711 FIFTH AVE.	6.3 STREET ADDRESS	SSS Madison Ave, Tax Dept. 8th Fl.
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	NY, NY 10022

14. I do hereby certify that the information supplied with this filing 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 H. Moses 4/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004451

CR2E034 (9/96)