

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

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>120 N. UNIVERSITY DR.                  711 FIFTH AVE.                  PEMBROKE PINES FL 33024                  US</b>	Mailing Address <b>555 MADISON AVE                  TAX DEPT. 8TH FLOOR                  NEW YORK NY 10022                  US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/31/1980</b>	
4. FEI Number <b>13-3022879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

TITLE	<b>CCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>LOEKS, JIM</b>	
STREET ADDRESS	<b>711 5TH AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, SEYMOUR H.</b>	
STREET ADDRESS	<b>711 5TH AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>LOEKS, BARRIE LAWSON</b>	
STREET ADDRESS	<b>711 5TH AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MAY, ROBERT</b>	
STREET ADDRESS	<b>711 5TH AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSES, ROBERT</b>	
STREET ADDRESS	<b>555 MADISON AVE, TAX DEPT. 8TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>EICHORN, ROBERT</b>	
STREET ADDRESS	<b>555 MADISON AVE, TAX DEPT 8TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**100002474531**  
**-04/01/98--01006--017**  
**\*\*\*300.00**

14. I 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 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ **ROBERT MOSES, VICE PRESIDENT** *2/12/98*

CR2E034 (10/97)