

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 665195

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

555 MADISON AVE
TAX DEPT. 8TH FLOOR
NEW YORK NY 10022
US

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90002 011 ***300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

711 Fifth Avenue

Suite, Apt. #, etc.

27

7th Floor

City & State

28

New York, NY

29

10022-3132

30

USA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lawrence Ruisi	
13 STREET ADDRESS	711 Fifth Avenue	
14 CITY-ST-ZIP	New York, NY 10022	
21 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jack McBride	XX
23 STREET ADDRESS	711 Fifth Avenue	
24 CITY-ST-ZIP	New York, NY 10022	
31 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Travis Reid	
33 STREET ADDRESS	711 5th Ave	
34 CITY-ST-ZIP	New York, NY 10022	
41 TITLE	Chief Financial	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	John J. Walker	
43 STREET ADDRESS	711 5th Avenue	
44 CITY-ST-ZIP	New York, NY 10022	
51 TITLE	Vice President	XX <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Joseph Sparacio	
53 STREET ADDRESS	711 5th Avenue	
54 CITY-ST-ZIP	New York, NY 10022	
61 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Mindy Tucker	
63 STREET ADDRESS	711 5th Avenue	
64 CITY-ST-ZIP	New York, NY 10022	

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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Sparacio V.P.

1/15/99

Date

Daytime Phone #

CR2E034 (11/98)