

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

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

03-17-1999 90002 011 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 665196

1. Corporation Name
LOEWS CORAL SPRING CINEMAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O COLUMBIA PICTURES ENTERTAINMENT, INC. 711 5TH AVENUE NEW YORK NY 10022-3132	Mailing Address 555 MADISON AVE TAX DEPT. 8TH FLOOR NEW YORK NY 10022-3132 US
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3. Date Incorporated or Qualified 03/31/1980	
4. FEI Number 13-3022878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____

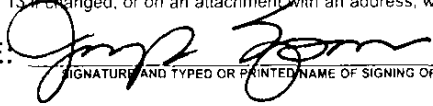
12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	LOEKS, JIM	
STREET ADDRESS	711 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SMITH, SEYMOUR H.	
STREET ADDRESS	711 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LOEKS, BARRIE LAWSON	
STREET ADDRESS	711 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAY, ROBERT	
STREET ADDRESS	711 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOSES, ROBERT	
STREET ADDRESS	555 MADISON AVE, TAX DEPT. 8TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jack McBride	
23 STREET ADDRESS	711 Fifth Avenue	
24 CITY-ST-ZIP	New York, NY 10022	
31 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Travis Reid	
33 STREET ADDRESS	711 Fifth Avenue	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Joseph Sparacio	
53 STREET ADDRESS	711 Fifth 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 Fifth 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:  Joseph Sparacio V.P. 1/15/99

DATE: _____ DAY/TIME PHONE #: _____

CR2E034 (11/98)