FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # 755679 (8)

1. Corporation Name

LITTLE PALM THEATRE, INC.

Principal Place of Business:
400 NW 2ND AVENUE
BOCA RATON FL 33432
US

Mailing Address:
P O BOX 1682 NA
BOCA RATON FL 33429-1682
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2225505 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ARROWOOD, RICK J.
1069-1 NW 13TH ST
BOCA RATON FL 33486

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ARROWOOD, RICK	1.2 NAME		
STREET ADDRESS	1069-1 NW 13TH ST.	1.3 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	1.4 CITY ST ZIP		
TITLE	VMD	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	RUSCIOLELLI, WAYNE	2.2 NAME		
STREET ADDRESS	1069-1 NW 13TH ST.	2.3 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	2.4 CITY ST ZIP		
TITLE	STD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BRADLEY, MATTHEW	3.2 NAME	MARYANNE CORWIN	
STREET ADDRESS	1051 CORAL DR	3.3 STREET ADDRESS	1011 SW 14 th St	
CITY ST ZIP	BOYNTON BCH FL	3.4 CITY ST ZIP	BOCA RATON FL 33486	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLION, MARCI	4.2 NAME		
STREET ADDRESS	306 S ATLANTIC DR	4.3 STREET ADDRESS		
CITY ST ZIP	LANTANA FL	4.4 CITY ST ZIP		
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	TOM GELL	
STREET ADDRESS		5.3 STREET ADDRESS	18843 LA COSTA LANE	
CITY ST ZIP		5.4 CITY ST ZIP	BOCA RATON FL 33496	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

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

SIGNATURE: Wayne Rusciolelli WAYNE RUSCIOLELLI 4/27/95 407 394-0308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049226