
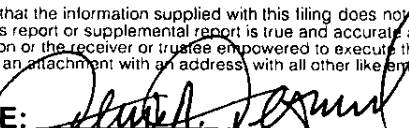


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90013 002 ***150.00

DOCUMENT # 823318 1. Entity Name MARCUS LOEW BOOKING AGENCY					
Principal Place of Business 667 MADISON AVE. NEW YORK, NY 10021 US			Mailing Address 655 MADISON AVE TAX DEPT -14TH FLR NEW YORK, NY 10021-043 US		
2. Principal Place of Business - No P.O. Box # 667 Madison Avenue		3. Mailing Address 655 Madison Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tax Dept. 14th Fl.			
City & State New York, NY		City & State New York, NY		4. FEI Number 13-0980810	
Zip 10065-8087		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 10065-8087		Country US		6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISCH, JAMES S 667 MADISON AVE. NEW YORK, NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tisch, James S. 667 Madison Ave. New York, NY 10065-8087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOMEYER, ALAN 655 MADISON AVE NEW YORK, NY 100218043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Momeyer, Alan 655 Madison Ave. New York, NY 10065-8068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARSON, GARY W 667 MADISON AVE. NEW YORK, NY 10021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garson, Gary W. 667 Madison Ave. New York, NY 10065-8087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEGAN, PETER W 667 MADISON AVE. NEW YORK, NY 100218087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keegan, Peter W. 667 Madison Ave. New York, NY 10065-8087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DESMOND, DENIS R 655 MADISON AVE NEW YORK, NY 100218043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Desmond, Denis R. 655 Madison Ave. New York, NY 10065-8068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Denis R. Desmond		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/2/08 Daytime Phone #		



ATTACHMENT 50002649

MARCUS LOEW BOOKING AGENCY 823318

Directors

James S. Tisch
Peter W. Keegan
Gary W. Garson

Officers

Alan G. Momeyer
Denis Desmond

Title

President & Secretary
Vice President & Treasurer