

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 852997

1. Entity Name
CARMIKE CINEMAS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 15 PM 1:09

Principal Place of Business
P.O. BOX 391
COLUMBUS, GA 31902-0391

Mailing Address
P.O. BOX 391
COLUMBUS, GA 31902-0391

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082006

Chg-P

CR2E034 (11/05)

4. FEI Number

58-1469127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

706-576-2747
05/26/06--01003--016 **\$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PATRICK, MICHAEL W.
STREET ADDRESS 1301 FIRST AVENUE
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVCF ☒ Delete
NAME DURANT, MARTIN
STREET ADDRESS 1301 FIRST AVENUE
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE SVCF ☐ Change ☒ Addition
NAME RICHARD HARE
STREET ADDRESS 1301 1ST AVENUE
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE D ☐ Delete
NAME VAN NOY, FRED
STREET ADDRESS 1301 FIRST AVENUE
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Richard B Hare*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SV.V.P./C.F.O.

5/8/06

706-576-2747

Date

Daytime Phone #