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2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

Mailing Address

3101 NORTH FEDERAL HIGHWAY. 6TH FLOOR

DOCUMENT # **A97000002066**

1. Entity Name

Principal Place of Business

SIGNATURE:

POMPANO THEATERS HOLDINGS, LTD.

3101 NORTH FEDERAL HIGHWAY. 6TH FLOOR



FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FE! Number Applied For 65-0788525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELVIN, MICHAEL W ESQ. Street Address (P.O. Box Number is Not Acceptable) 3101 NORTH FEDERAL HIGHWAY, 6TH FLOOR FT. LAUDERDALE FL 33306 City 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$11,000,000-00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P97000081890 DOCUMENT # STREET ADDRESS JCA REALTY, INC. NAME STREET ADDRESS 3101 NORTH FEDERAL HIGHWAY, 6TH FLOOR CITY-ST-ZIP FT. LAUDERDALE FL 33306 CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME 10001247 STREET ADDRESS 02/14/03--01012--003 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

1/15/03

954-564-6550