

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # F00000005053**

1. Entity Name  
**DMC THEATRES, INC.**

05-11-2001 90097 033 \*\*\*141.25  
 06-06-2001 90007 032 \*\*\*\*\*8.75

Principal Place of Business Mailing Address  
**64 NORTH MAIN STREET 64 NORTH MAIN STREET**  
**SOUTH NORWALK CT 06854 SOUTH NORWALK CT 06854**

**A0072669**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>36-3767791</b>                           |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|  |  |  |  |  |  |    |  |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| <b>NRAI SERVICES, INC.</b><br><b>526 EAST PARK AVENUE</b><br><b>TALLAHASSEE FL 32301</b> |  |  |  | Name   |  |    |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|  |  |  |  |  |  |    |  |
|  |  |  |  | City   |  | FL |  |

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>PSCD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CROWN, DANIEL M</b>          |                                 |
| STREET ADDRESS | <b>64 NORTH MAIN STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>SOUTH NORWALK CT 06854</b>   |                                 |
| TITLE          | <b>VD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>CROWN, JAMES S</b>           |                                 |
| STREET ADDRESS | <b>222 NORTH LASALLE STREET</b> |                                 |
| CITY-ST-ZIP    | <b>CHICAGO IL 60601</b>         |                                 |
| TITLE          | <b>TD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>CROWN, A. STEVEN</b>         |                                 |
| STREET ADDRESS | <b>222 NORTH LASALLE STREET</b> |                                 |
| CITY-ST-ZIP    | <b>CHICAGO IL 60601</b>         |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>VS</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Glenn T. Garfinkel</b>      |  |
| STREET ADDRESS | <b>64 North Main Street</b>    |  |
| CITY-ST-ZIP    | <b>South Norwalk, CT 06854</b> |  |
| TITLE          | <b>V</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>David S. Clifford</b>       |  |
| STREET ADDRESS | <b>64 North Main Street</b>    |  |
| CITY-ST-ZIP    | <b>South Norwalk, CT 06854</b> |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/01**

Date

**203-846-8800**

Daytime Phone #

CR2E034 (10/00)