

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90102 019 ***150.00

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| DOCUMENT # F00000005053 1. Entity Name DMC THEATRES, INC. | | | | | |
| Principal Place of Business 64 NORTH MAIN STREET SOUTH NORWALK, CT 06854 | | | Mailing Address 222 NORTH LASALLE STREET 8TH FLOOR CHICAGO, IL 60601 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 222 N. LASALLE ST. SUITE 800 CHICAGO, IL Suite, Apt. #, etc. City & State Zip Country | | <div style="font-size: 1.5em; transform: rotate(-10deg); margin-bottom: 10px;">40056330</div> <div style="display: flex; justify-content: space-between; font-weight: bold;"> 04172006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div> 4. FEI Number 36-3767791 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div> | |
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | PD CROWN, DANIEL M 64 NORTH MAIN STREET SOUTH NORWALK, CT 06854 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SOBOTA, JOHN J. 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CROWN, JAMES S 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FLYNN, MAUREEN 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD CROWN, A. STEVEN 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS CLEVELAND, HAL 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MAUNUS, DEREK 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BLEY, GAIL P. 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CROWN, WILLIAM H 222 N LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS TANNENBAUM, FREDRIC D. 222 NORTH LASALLE STREET CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUBIN, DAVID M 222 N. LASALLE STREET CHICAGO, IL 60601 <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: | | 4/17/06 | | 312-236-3003 | |
| DAVID M. RUBIN, SECRETARY | | Date | | Daytime Phone # | |