2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006180

1. Entity Name
LIVING ROOM THEATERS INC.

Principal Place of Business	Mailing Address
2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808	505 PARK AVE. 9TH FLOOR NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

03312008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0278995
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000554558
05/15/06-80096-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIMOCH, ERNESTO
STREET ADDRESS	505 PARK AVE. 9TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	DS
NAME	RIMOCH, DIEGO
STREET ADDRESS	505 PARK AVE. 9TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	VPD
NAME	SARAGA DE RIMOCH, EVA
STREET ADDRESS	505 PARK AVE. 9TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ DIEGO RIMOCH 04/20/2006 305 934 6394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #