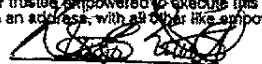


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F04000006180		
1. Entity Name LIVING ROOM THEATERS INC.		
Principal Place of Business 2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808		Mailing Address 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		DO NOT WRITE IN THIS SPACE
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 file if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		05/15/06-80095-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RIMOCH, ERNESTO 505 PARK AVE. 9TH FLOOR NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS RIMOCH, DIEGO 505 PARK AVE. 9TH FLOOR NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SARAGA DE RIMOCH, EVA 505 PARK AVE. 9TH FLOOR NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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:  DIEGO RIMOCH		04/20/2006 305 934 6394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #