2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006180

Address:

City-St-Zip:

505 PARK AVE. 9TH FLOOR

NEW YORK, NY 10022

Entity Name: LIVING ROOM THEATERS INC.

FILED Jan 13, 2009 Secretary of State

_many man		CONTINEXTENOTIVE.			
Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
505 PARK	RILLO, ESQ (AVENUE 9TH RK, NY 10022	C/O LOEB BLOCK H FLOOR			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
YUISA CARILLO, ESQ. C/O LOEB BLOCK 505 PARK AVENUE 9TH FLOOR NEW YORK, NY. 10022			921 SW WASHINGTON ST. SUITE 220 PORTLAND, OR 97205		
FEI Number:	: 30-0278995	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
1201 HAYS	ATION SERVIO S STREET SSEE, FL 323				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (RIMOCH, ERNI 505 PARK AVE NEW YORK, N	. 9TH FLOOR	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DS (RIMOCH, DIEG 505 PARK AVE NEW YORK, N	. 9TH FLOOR	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VPD () Delete MOCH, EVA	Title: () Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DIEGO RIMOCH DS 01/13/2009