2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# F06000004707

Entity Name: SCSF POPCORN HOLDING CORP.

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE
SUITE 470
BOCA RATON, FL 33486

New Principal Place of Business:

5200 TOWN CENTER CIRCLE
STE 600
BOCA RATON, FL 33486

Current Mailing Address:

5200 TOWN CENTER CIRCLE
SUITE 470
BOCA RATON, FL 33486

New Mailing Address:

5200 TOWN CENTER CIRCLE
STE 600
BOCA RATON, FL 33486

FEI Number: 20-5197644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCFO ( ) Delete
Name: CALHOUN, KEVIN
Address: 5200 TOWN CENTE CIRCLE SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS ( ) Delete
Name: MCCONVERY, MICHAEL J
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: MCCONVERY, MICHAEL J
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS (X) Delete
Name: COUCH, C DERYL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPAS (X) Change ( ) Addition
Name: HAJDUCH, MARK VPASEC
Address: 5200 TOWN CENTER CIRCLE, STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: DIR (X) Change ( ) Addition
Name: MCCONVERY, MICHAEL J DIR
Address: 5200 TOWN CENTER CIRCLE, STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: DIR (X) Change ( ) Addition
Name: CALHOUN, KEVIN DIR
Address: 5200 TOWN CENTER CIRCLE, STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LAURA LOUIS POA 04/21/2009

Electronic Signature of Signing Officer or Director — Date