

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002079

Entity Name: AMC RIVERVIEW, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

21751 WEST 11 MILE ROAD
SOUTHFIELD, MI 48076

New Principal Place of Business:

10607 BIG BEND ROAD
RIVERVIEW, FL 33569

Current Mailing Address:

21751 WEST 11 MILE ROAD
SOUTHFIELD, MI 48076

New Mailing Address:

FEI Number: 20-8641492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSLEY, MARK C
4207 SOUTH DALE MABRY
UNIT 8310
TAMPA, FL 33611 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: PD () Delete
Name: ANSLEY, THOMAS M
Address: 21751 WEST 11 MILE ROAD, SUITE 208
City-St-Zip: SOUTHFIELD, MI 48076

Title: STD () Delete
Name: CURTIS, JASON T
Address: 21751 WEST 11 MILE ROAD, SUITE 208
City-St-Zip: SOUTHFIELD, MI 48076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: T. MICHAEL ANSLEY

PD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date