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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Hollywood Theat	ers Inc.
(Name of corporation -	must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," and check are submitted to registransact business in Florida.	
Please return all correspondence concerning this matter to	the following:
Thomas Webb	
(Name of Pe	erson)
Hollywood Theaters	Inc.
Hollywood Theaters (Firm/Comp	any) ALI
919 SW Taylor St.	#800 .
(Address	523 - 5
Yortland, OR 972	Zip code)
(City/State and	Zip code)
·	
For further information concerning this matter, please call:	<u>.</u> ,
Tom Webb at (503)	392-3710
	le & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	1 dildildsset, I [*] L 32314
Enclosed is a check for the following amount:	
	8.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOW REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE	
1. Holywood Theaters, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPO" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	RATION,"
Hollywood Theaters (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of the corporate name adopted for the corpo	
2. De laware (State or country under the law of which it is incorporated) 4. 5/19/93 (Date of Incorporation) 3. 75-259 (FEI number of Perpendicular of Incorporation) 5. Perpendicular of Incorporation)	er, if applicable)
6. Sept. 21 2006 (Date first transacted business in Florida, if prior to registrat (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penal	tion) ty liability)
7. 919 SW Taylor St. \$800 Portland OR (Principal office address) Same (Current mailing address)	97205
8. Cinewas - Mavie exhibitor (Purpose(s) of corporation authorized in home state or country to be carried out in sta	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Cerporation System	SELL LESS
Office Address: 1200 South Pine Island Road Plantation, Florida 3337 (City) (Zip code	24
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the abov designated in this application, I hereby accept the appointment as registered agent a further agree to comply with the provisions of all statutes relative to the proper and a and I am familiar with and accept the obligations of my position as registered agent.	re stated corporation at the place nd agree to act in this capacity. I complete performance of my duties,
SEE ATTACHED CT N (Registered agent's signature)	HEMO

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/of directors.
A. DIRECTORS
Chairman: Scott Wallace
Address: 919 SW Taylor St. #800
Portland OR 97205
Vice Chairman:
Address:
Director: Dan Timm
Address: 919 SW Taylor St. #800
Portland OR 97205
= 2 = 1
Address:
Address:
B. OFFICERS
President: Scot Wallace
Address: 919 SW Taylor St. #800
tortland OR 97205
Vice President: Clyde Cornell
Address: 919 SW Taylor St. #800
Portland OR 97205
Secretary: Clyde Cornell
Address: 919 SW Taylor St. #800 Portland OR 97205
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Communication of the commu
(Signature of Director or Officer listed in number 12 of the application)
14. Clyde Cornell, Sr. VP & C.O.D (Typed or printed name and capacity of person signing application)

FLORIDA

HOLLYWOOD THEATERS, INC.

I, CT Corporation System consent to serve as Registered Agent in the State of Florida for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

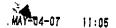
CT Corporation System

Date: March 30, 2007

Lori D. Stuhlman Assistant Secretary

Name and Address of Florida State Registered Agent: C T Corporation System 1200 South Pine Island Road Plantation, FL 33324





HOLLYWOOD THEATERS

AFFIDAVIT

Date:
To: Suzanne Hawks, State of Florida
From: Tom Webb
Please accept this letter as out intention to not revoke the dissolution of Hollywood Theaters, Inc., as a Delaware corporation. The relevant document number is F05000006838 and the original filing date was November 22, 2005.
If you have questions regarding this request, please contact me at 503 382-3710.
By: Monros Curll
Title:Controller
Date:May 4th, 2007
State of Oregon
County of Multnomah
Signed before me on May 3rd, 2007 by Homas Webb as Controller of Hellywood Theaters, Inc.
- Climan 19 C
Notary Public - State of Oregon

OFFICIAL SEAL
C AMAN
NOTARY PUBLIC - CRESON
COMMISSION NO. 388717
MY COMMISSION EXPIRES JANUARY 18, 2009

My commission expires on 1-18-09