2008 FOR PROFIT CORPORATION REINSTATEMENT

 	1/21/1011						
DOCUMENT # F07000002403] FILED		
1. Entity Name					an you o by f	· o-	
HOLLYWOOD THEATERS, INC.					08 NOV -3 PH 5	F 35	
İ					CECOUTE AND A	1.15	
Principal Place of Business Mailing Address				<u> </u>	SECRETANT OF STA	DIDA	
919 SW TAYLOR ST 800 919 SW TAYLOR ST 800					TALLAMASSEE, FEO	MUA	
PORTLAND, OR 97205 PORTLAND, OR 97205			5		1 \u00		
ļ					L 12077370 IZIN BENIK LEBYT ZEHN ABUK ABUK BENIK ZONTA KYRIK ARUK ABUR ABURD MARRU L	1 11 11	
Principal Place of Business - No P.O. Box # 3. Malling Address							
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Suite, Apt. #, etc. Suite. Apt. #, etc.					PERCORS RENTERVEZEDOR TOTO		
City & State City & State					4. FEI Number	100 1100	
0.1, 0.0.0		City & State			1 " i_i'	plicable	
Zip	Country	Zip Cour		try	5. Certificate of Status Desired \$8.75 Addition:	al	
					Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION, FL 33324							
}				City	E		
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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.							
Dorie Kluege Assistant Secretary 10/29/2008							
SIGNATURE.	Signatury, typed or printed name of registered agent			nd Agant signature requir		-^	
	-/	··· ·		·			
	E NOW!!! FEE IS \$750.00					* .	
After Jai	nuary 1, 2009, Fee will be \$900.0	90			` '	′ `	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	11	
TITLE	CP Delete		TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS	WALLACE, SCOTT S 919 SW TAYLOR ST 800		MAME				
CITY-ST-ZIP				-ST-72P	200137583602 11/03/0801076005 **758.75		
TITLE	D Delete		TITLE			Addition	
HAME	TIMM, DAN		MANA			-	
STREET ADORESS	1			ET ADDRESS			
CITY-ST-ZIP	PORTLAND, OR 97205			ST-ZIP	D	1400	
TITLE	VPS CORNELL; CLYDE	Delete	TITLE	Į.	Change	Addition	
STREET ADDRESS	I			ET ADDRESS		ĺ	
CITY-ST-ZIP	PORTLAND, OR 97205		США-	ST-20P			
TITLE	CFO	☐ Deteto	INTE		Change	Addition	
NAME CONCERT ADDRESSES	CHARLES KIRK 919 SW TAYLOR ST # 800		NAME			ļ	
CITY-ST-ZIP PORTLAND OR 97205			1	T ADDRESS ST-ZIP		1	
TITLE	TORILLING ORC.	Delete	HILLE		☐ Change ☐	Addition	
NAME		La Desgre	NAME	į.	الما مانسان المانية		
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	 		CITY-	ST-ZIP			
MILE		Delete	TITLE	1	Change 🗇	Addition	
STREET ADDRESS			HAME	T ADDRESS			
CITY-ST-ZIP				ST-ZIP		}	
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	mptions contained	in Chapter 119, Florida Statutes. I further certify that the informa	ition	
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 cath; 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							
chancod					and the second s	1	
Criangeu	or on an attachment with an acidress.			CFO		l	
SIGNAT	, or on an atlachment with an address,			CFO RLE(KII	RK 10/28/08 503.221-7	150	