


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -3 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000002403		
1. Entity Name HOLLYWOOD THEATERS, INC.		

Principal Place of Business 919 SW TAYLOR ST 800 PORTLAND, OR 97205	Mailing Address 919 SW TAYLOR ST 800 PORTLAND, OR 97205
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10282008 REIN-P CR2E088 1/07

REINSTATEMENT 2008

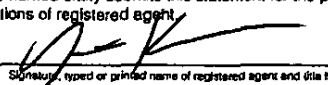
4. FEI Number
75-2598844

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE  Dorie Kluess, Assistant Secretary 10/29/2008

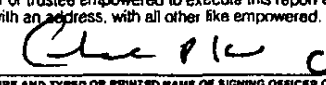
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP WALLACE, SCOTT 919 SW TAYLOR ST 800 PORTLAND, OR 97205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIMM, DAN 919 SW TAYLOR ST 800 PORTLAND, OR 97205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CORNELL, CLYDE 919 SW TAYLOR ST 800 PORTLAND, OR 97205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO CHARLES KIRK 919 SW TAYLOR ST # 800 PORTLAND OR 97205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200137583602 11/03/08--01076--005 **758.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CFO CHARLES KIRK 10/28/08 503-221-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR