

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004204

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: NATIONWIDE THEATRE SERVICES CORPORATION

## Current Principal Place of Business:

16138 COCO HAMMROCK WAY  
FT. MYERS, FL 33908

## New Principal Place of Business:

16138 COCO HAMMROCK WAY  
FT. MYERS, FL 33908 US

## Current Mailing Address:

206 WOEHRLE AVE.  
STATEN ISLAND, NY 10312

## New Mailing Address:

206 WOEHRLE AVE.  
STATEN ISLAND, NY 10312 US

FEI Number: 23-3065323

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: P ( ) Delete  
Name: MUSUMECI, CRISTOFER  
Address: 206 WOEHRLE AVE.  
City-St-Zip: STATEN ISLAND, NY 10213

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MUSUMECI, CRISTOFER  
Address: 16138 COCO HAMMOCK WAY  
City-St-Zip: FT. MYERS, FL 33908 US

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: CRISTOFER MUSUMECI

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date