

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000006587**

1. Corporation Name

SILVER CINEMAS, INC.

Principal Place of Business

4004 BELTLINE RD
STE 205 LB 18
DALLAS TX 75244
US

Mailing Address

4004 BELTLINE
STE 205 L B 18
DALLAS TX 75244
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1996

4. FEI Number

75-2672675

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	HOLMES, STEVEN L	
STREET ADDRESS	4004 BELTLINE RD, STE 205 LB 18	
CITY-ST-ZIP	DALLAS TX 75244 ADDISON TX 75001	
TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, THOMAS J	
STREET ADDRESS	4004 BELTLINE RD, STE 205 LB 18	
CITY-ST-ZIP	DALLAS TX 75244 ADDISON TX 75001	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WONG, DAVID	
STREET ADDRESS	4004 BELTLINE RD, STE 205 L B 18	
CITY-ST-ZIP	DALLAS TX 75244 ADDISON TX 75001	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAURENCE, CHRISTOPHER	
STREET ADDRESS	4004 BELTLINE RD, STE 205 L B 18	
CITY-ST-ZIP	DALLAS TX 75244 ADDISON TX 75001	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN M	
STREET ADDRESS	4004 BELTLINE RD, STE 205 L B 18	
CITY-ST-ZIP	DALLAS TX 75244 ADDISON TX 75001	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSANTHAL, JAMES	
STREET ADDRESS	4004 BELTLINE RD, STE 205 L B 18	
CITY-ST-ZIP	DALLAS TX 75244 ADDISON TX 75001	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of Steven L. Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-99

Date

972-503-9851

Daytime Phone #

0129241

CR2E034 (5/99)

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90023 043 ***550.00

