2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800001633 Jun 22, 2000 8:00 am 21ST CENTURY SCREENS, INC. **Secretary of State** 06-22-2000 90105 033 ***150.00 Principal Place of Business Mailing Address 1599 SW 30TH AVE 1599 SW 30TH AVE BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426-9053 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0817214 Not Applicable Country Zip Country \$8.75 Additional Zip \Box Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name wolfe, larry 1 Street Address (P.O. Box Number is Not Acceptable) 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. itO Change Addition **CPS** ☐ Delete TITT F 5400 POINTEEMEKALD LANG FRASER, WES NAME 54100 EMERALD TRAIL 5460 POINTE EMBRALD L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Change Addition ☐ Defete THE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition 7ITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplier 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 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 of true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment of the corporation of th SIGNATURE:

Attachment OHF980001633 00065553

