


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000001329 1. Entity Name CINEMARK LEASING COMPANY	
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Principal Place of Business 3900 DALLAS PARKWAY SUITE 500 PLANO, TX 75093	Mailing Address 3900 DALLAS PARKWAY SUITE 500 PLANO, TX 75093
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2500194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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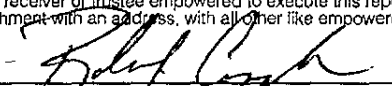
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MITCHELL, LEE ROY 3900 DALLAS PARKWAY SUITE 500 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP MITCHELL, TANDY 3900 DALLAS PARKWAY SUITE 500 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO STOCK, ALAN 3900 DALLAS PARKWAY SUITE 500 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS COPPLE, ROBERT 3900 DALLAS PARKWAY SUITE 500 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RICHARDS, MARGARET 3900 DALLAS PARKWAY SUITE 500 PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80114-003 150.00

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12. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 972-4465-1000
Date Daytime Phone #