FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:56

DOCUMENT # **H55092** **(1)**

1. Corporation Name

CINEMAS 4 POMPANO, INC.

Principal Place of Business	Mailing Address
C/O THE PRENTICE-HALL CORPORATION SYSTEM SUITE 420, LEWIS STATE BANK BUILDING TALLAHASSEE FL 32301	45 WALPOLE ST. 6 NORWOOD MA 02062 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1985	3a. Date of Last Report: 06/20/1994
4. FEI Number: 06-1134718	☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES S T. STE. 105 TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LOCKWOOD, ROGER	1.2 NAME	
STREET ADDRESS	45 WALPOLE ST STE 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☑ Change ☐ Addition
NAME	FRIEDMAN, ARTHUR	2.2 NAME	
STREET ADDRESS	45 WALPOLE ST STE 6	2.3 STREET ADDRESS	Delete
CITY-ST-ZIP	NORWOOD MA	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, JOSEPH	3.2 NAME	
STREET ADDRESS	98 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, KATHERINE	4.2 NAME	
STREET ADDRESS	98 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☑ Change ☐ Addition
NAME	MAURIELLO, ANTHONY T.	5.2 NAME	
STREET ADDRESS	45 WALPOLE ST STE 6	5.3 STREET ADDRESS	Delete
CITY-ST-ZIP	NORWOOD MA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☑ Change ☐ Addition
NAME	HAMMER, MIKE	6.2 NAME	
STREET ADDRESS	400 ATLANTIC AVE.	6.3 STREET ADDRESS	Delete
CITY-ST-ZIP	BOSTON MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Roger A. Lockwood P — 4/12/95 (617) 769-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473602 FP