


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # H98857
1. Entity Name
THEATRE REALTY, INC.



Principal Place of Business
% MICHAEL S. BROWN
3195 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
% MICHAEL S. BROWN
3195 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2656214 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, MICHAEL S.
3195 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD HERTZ, ARTHUR H. 3195 PONCE DE LEON BLVD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BROWN, MICHAEL S. 3195 PONCE DE LEON BLVD. CORAL GABLES, FL
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04/05/05-80018-016 150.00

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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)(f), 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 807, 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 empowers.

SIGNATURE: Michael S. Brown *Michael S. Brown* **3/14/05** **305-529-1414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #