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FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **J95603** **(3)**

1. Corporation Name
AMC TAMPA, INC.

Principal Place of Business
303 PEACHTREE ST NE
SUITE 4600
ATLANTA GA 30308
US

Mailing Address
ATTENTION: LEGAL DEPARTMENT
303 PEACHTREE ST NE SUITE 4600
ATLANTA GA 30308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1987

2. Principal Place of Business
21 240 Peachtree St NW
Suite, Apt. #, etc.
22 Suite 2200
City & State
23 Atlanta, GA
Zip 24 30303 Country 25 USA

2a. Mailing Address
26 Attn: Bob Brush
Suite, Apt. #, etc.
27 240 Peachtree St NW Suite 2200
City & State
28 Atlanta, GA
Zip 29 30303 Country 30 USA

4. FEI Number
58-1756242
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE	DC ☑ Change ☐ Addition
NAME	PORTMAN, MICHAEL W.		1.2 NAME	Portman, John C., Jr.
STREET ADDRESS	231 PEACHTREE ST. NE, SUITE 200		1.3 STREET ADDRESS	240 Peachtree St NW #2200
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	VPD	☑ DELETE	2.1 TITLE	DP ☑ Change ☐ Addition
NAME	PORTMAN, JOHN C. III		2.2 NAME	Ryan, John M.
STREET ADDRESS	231 PEACHTREE ST. NE, SUITE 200		2.3 STREET ADDRESS	240 Peachtree St NW #2200
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	VP	☑ DELETE	3.1 TITLE	S ☑ Change ☐ Addition
NAME	MACEWEN, BRUCE W.		3.2 NAME	Patton, Neal
STREET ADDRESS	231 PEACHTREE ST. NE, SUITE 200		3.3 STREET ADDRESS	240 Peachtree St NW #2200
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	SD	☑ DELETE	4.1 TITLE	T ☑ Change ☐ Addition
NAME	KAMIN, NEAL M.		4.2 NAME	Almquist, Henry
STREET ADDRESS	231 PEACHTREE ST. NE, SUITE 200		4.3 STREET ADDRESS	240 Peachtree St NW #2200
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	T	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LAGRONE, RUSSELL S.		5.2 NAME	
STREET ADDRESS	231 PEACHTREE ST.NE, SUITE 200		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

CR2E034 (10/97)