

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 22, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013589**1. Entity Name
SUNSTAR THEATRES CORAL SPRINGS, LLC

Principal Place of Business	Mailing Address
2000 GLADES RD SUITE 400 BOCA RATON FL 334318599	2000 GLADES RD SUITE 400 BOCA RATON FL 334318599

2. Principal Place of Business	3. Mailing Address
770 RIVERSIDE DRIVE	770 RIVERSIDE DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
CORAL SPRINGS FL	CORAL SPRINGS FL

Zip	Country	Zip	Country
33071		33071	

4. FEI Number
☒ Applied For
☒ Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HRAWG CORP 2000 GLADES RD SUITE 400 BOCA RATON FL 334318599	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL 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 LARRY CORMAN, P.A. 02/22/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMENT MARK 770 RIVERSIDE DRIVE CORAL SPRINGS FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Clement MGRM 02/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)