

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED STATE

**FILED**  
**Apr 24, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L01000022186

1. Entity Name

SHOWTIME THEATRES OF FLORIDA, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

40304 Fisher Island Drive

3. Mailing Address

Suite, Apt. #, etc.  
#40304

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fisher Island, Florida

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Shear

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle, Suite 601

City Coral Gables

FL

Zip Code  
33134

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

Signature, typed or printed name of registered agent and title if applicable.

4/22/02  
DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE Manager  
NAME Leon Cohen  
STREET ADDRESS 40304 Fisher Island Drive, #40304  
CITY-ST-ZIP Fisher Island, Florida 33109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

780805358397

04/26/02-01032-015

\*\*\*\*600.00 \*\*\*\*\*50.00

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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: Leon Cohen, Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

Date

305/672.0015

Daytime Phone #

CR2E083B (12/04)