

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006444

Entity Name: OM CINEMAS, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6300 NORTH LOCKWOOD RIDGE RD.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51115
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 90-0138151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAKKER, HARSHIT
6300 NORTH LOCKWOOD RIDGE RD.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

THAKKER, PRANAV
6300 NORTH LOCKWOOD RIDGE RD.
SARASOTA, FL 34243 US

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: PRANAV THAKKER

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THAKKER, HARSHIT
Address: 6300 NORTH LOCKWOOD RIDGE RD.
City-St-Zip: SARASOTA, FL 34243

Title: MGRM () Delete
Name: THAKKER, PRANAV
Address: 6300 NORTH LOCKWOOD RIDGE RD.
City-St-Zip: SARASOTA, FL 34243

Title: MGRM () Delete
Name: THAKKER, DILIP
Address: 6300 NORTH LOCKWOOD RIDGE RD.
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PRANAV THAKKER

VP

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date