

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000022769**

1. Entity Name  
**ACADEMY OF CINEMA LLC**



Principal Place of Business  
**3590 POINCIANA DRIVE  
MARGATE BLDG APT 511  
LAKE WORTH, FL 33467 US**

Mailing Address  
**P O BOX 540834  
LAKE WORTH, FL 33454 US**



03042006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0627852**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GORDON, ERIC  
ARNSTEIN & LEHR  
2424 N FEDERAL HIGHWAY  
BOCA RATON, FL 33431**

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

UN00000475212  
04/05/06-80006-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
COHEN, NORMAN I  
3590 POINCIANAN DR, MARGATE BLDG APT 511  
LAKE WORTH, FL 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Norman I Cohen* **NORMAN I COHEN** 3/15/06 561-452 5979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #