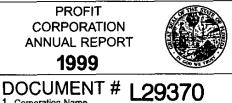
1999

VALUE CINEMAS - ATLANTIS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90043 030 ***150.00

<u>.</u>								 	/	
Principal Place of Business Mailing Address										
C/O WILLIAM J		C/O WILLIAM J STEMBLER								
P O BOX 18707		P O BOX 18707				DO NOT WRITE IN THIS SPACE				
ATLANTA GA 3 US	1120	ATLANTA GA 31126 US				3. Date Incorporated or Qualifed				
00						11/13/1989			ì	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For	
— ·	add of Business	26				58-1866905		_ 	ot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.							Additional	
22	n, 5.6.	27				5. Certifcate of Status Desired	3	,	equired	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip Country				8. This corporation owes the current	year Intar	igible.		
24	25	29	0			Personal Property Tax.	- 1	es	<u>□</u> 1√0	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered A	gent		
			81	Na	me	•			-	
	NS, RICKY	82 S			reet Addres	t Address (P.O. Box Number is Not Acceptable)				
	S.W. 2ND COURT									
	5, #106			-						
MAR	GATE FL 33068			4 City				85 Zip	Code	
					•		FL	'		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-nar	ned corpoi	ration submits this statement for the pu	rpose of ch	nanging its	registered	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Flonda. Such change was autrons of Section 607.0505, Florid	norized by la Statutes	ine o 3.	corporation	's board of directors. I hereby accept the	і с арроіні	Helit as te	gistered	
SIGNATURE									(
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					ture required v	when reinstating)	DATE	DIDEAT	250 11 40	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			Addition	
TITLE	DP	☐ DELETE	1.1 TITLE					Change	Addition }	
NAME	STEMBLER, WILLIAM J.		1.2 NAME							
STREET ADDRESS 2999 PIEDMONT RD 2ND FL			1.3 STREET ADDR		RESS				1	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-5	T-ZIP						
TITLE	DV	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	Stembler, John H Jr		2.2 NAME		1				Į	
STREET ADDRESS	2999 PIEDMONT RD 2ND FL		2.3 STREE	TADDF	ESS]	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	_ .		· 		- Addising	
TITLE	DS ·	☐ DELETE	3.1 TITLE					Change	☐ Addition (
NAME	STEMBLER, ANNE MERRITT		3.2 NAME		1					
STREET ADDRESS	2999 PIEDMONT RD 2ND FL	•	3.3 STREE	TADOF	RESS					
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-	ST-ZIP					Addition	
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME			4, 2 NAME						į.	
STREET ADDRESS			4.3 STREE	TADDF	RESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	-			[T] Channa		
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS	•		5.3 STREE		RESS				1	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		·		Ch	Addition	
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME THAT	微铁成型类型 。		6.2 NAME	-		•			}	
STREET ADDRESS	· + +3°		6.3 STREE	i addf	KESS					
			= 0.10m/ 6							

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

404-264-4542