
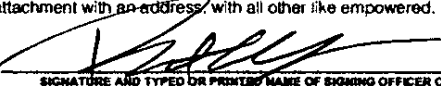


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90060 019 ***150.00

DOCUMENT # L33412 1. Entity Name TWENTY-FIRST CENTURY CINEMAS, INC.					
Principal Place of Business 100 NE 39TH ST MIAMI, FL 33137 US			Mailing Address 100 NE 39TH ST MIAMI, FL 33137 US		
2. Principal Place of Business 5600 NW 32 AVE		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FLA		City & State		4. FEI Number 65-0721013	
Zip 33176		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02142006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PASTERNAK, MARSHALL R. 2060 FIRST UNION FINANCE CAUTION SUITE 2100 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRAMS, STEVEN 100 NE 39TH ST MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 NW 32 AVE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REUSCH, DARA 180 NE 39TH ST MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME " "	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KRAMS, MINNA 100 NE 39TH ST. MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME " "	
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	
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	
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  U.P.M. 2-14-06 305-614-4230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					