### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # M02000000761**

1. Entity Name

THEATRE MAGAZINE, LLC



Principal Place of Business Mailing A

220 WEST 42ND STREET NEW YORK, NY 10036 Mailing Address

220 WEST 42ND STREET NEW YORK, NY 10036

### FILED

2005 JAN 20 PM 1:44

DIVIJION OF CORPORATIONS [ALLAHASSEE, FLORIDA



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0421714 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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the obligations of re		ging its registered office or registered agent, or both,	in the State of Florida. Tam lainmar with, ar	io accepi
SIGNATURESignature.	typed or printed name of registered agent and fittle if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

#### Filing Fee Is \$50.00 Oue by May 1, 2005

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACE THEATRICAL GROUP, INC. 2000 WEST LOOP SOUTH HOUSTON, TX 77027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby o	certify that the information supplied with this filing does not qualify for the exe	

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11. 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 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 emonwhere to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Dale A. Head

1/14/2005

917-421-5773

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

Date

Daytime Phone #