

FILE NOW: Fee after May 1, will be \$588.75

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1997 MAY 13 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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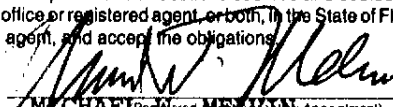
FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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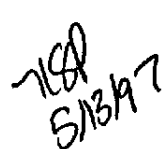
1 Name and Mailing Address of Limited Liability Company	DOCUMENT #M96000000045
MUVICO ENTERTAINMENT, L.L.C. 255xCOMMERCIALxBLVDxSUITEx200x LAUDERDALExFLx33306x	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
255xCOMMERCIALxBLVDxSUITEx200x LAUDERDALExFLx33306x

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
3101 North Federal Highway	3101 North Federal Highway	02/09/1996	DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
Sixth Floor	Sixth Floor	55-0630866	
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
Fort Lauderdale, FL	Fort Lauderdale, FL		80.75 Additional Fee Required ☐
Zip	Country		
33306			

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CORPORATIONxSERVICExCOMPANYx 1201xNWSxSUITEx TALLAHASSEExFLx32301x	Name Michael W. Melvin
	Street Address (P.O. Box Number is Not Acceptable) 3101 N. Federal Highway
	Suite, Apt. #, etc. Suite 602
	City Fort Lauderdale
	Zip Code FL 33306

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.	
SIGNATURE 	DATE May 12, 1997
MICHAEL W. MELVIN (Registered Agent Appointment) (NOTE: Registered Agent signature required when reinstating)	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MUVICO THEATERS, INC.	255xCOMMERCIALxBLVDxSUITEx200x 3101 North Federal Highway Sixth Floor	LAUDERDALExFLx33306x Fort Lauderdale, FL 33306
		100002178421--9 -05/14/97--01087--001 ****597.50 ****597.50	
			

11. I do 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 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; and that my name appears in Block 10, or on an attachment with an address. MUVICO THEATERS, INC., as Manager			
SIGNATURE:	BY: 	5/12/97	954-564-6550
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #
A. HAMID HASHEMI, as President			