File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR -9 PM 1: 17 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT** # M9600000045 1a. Principal Place of Business Address MUVICO ENTERTAINMENT, L.L.C. 3101 N. FEDERAL HIGHWAY 3101 N. FEDERAL HIGHWAY SIXTH FLOOR SIXTH FLOOR FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/09/1996 DE Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0630866 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 🔽 05/13/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MELVIN, MICHAEL W 3101 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 602 FT. LAUDERDALE FL 33306 Sulte, Apt. #, etc. City Zip Code 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 (Registered Agent Accepting 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. 3101 N. FEDERAL HIGHWAY, S FT. LAUDERDALE FL 700002456717---7 -03/13/98--01070--016 ****197.50 ****197.50 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. If urther 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

as Manager

SIGNATUR AND TYPED OF STINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

attachment with an address.

SIGNATURE:

MUVICO MENTERS

2/24/98 954-564-6550
Date Daytime Phone #