File on subject	or before	e May 1, 1999 or 00.00 LATE FEE	Limited	l Liability	Com	pany will be	<b>)</b>				
LIMITED LIABILITY COMPANY  ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS							1.5 The second of the second o				
FILING \$ 188		ual Report \$100.00 ike Check Payable									
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9600000045							]				
MUVICO ENTERTAINMENT, L.L.C.							1a. Principal Place of Business Address				
3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE FL 33306							3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE FL 33306				
2. Princip	al Place of Bus	2a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation					
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt #, etc.			02/09/1996		DE		
									Applied For		
City & State			City & State				65-0630866 5. Date of Last Report		,	Not Applicable	
Zip	Zip Country		Zip Countr			ſy	03/09/1	•		ate of Status Desired	
	7. Name	and Address of Current	Registered	Agent	1	8. 1	Name and Addres		stered Agent	t/Office	
Street Address (P.I. SUITE 602 FT. LAUDERDALE FI. 33306  Suite, Apt. #, etc.  City  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited first registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative as registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Agreet Agent Agreet agreet agent agreet agreet when re-redaing).								liability company submits this statement for the purpose of changing tive vote of a majority of the members. I hereby accept the appointment			
10. Title Managing Members/Managers							City, State and Zip Code			ip Code	
MGR	MUVICO	THEATERS,	INC.	3101 N	I. FI	EDERAL HI		) (1000) (108/1	2804 12/99	ALE FL 	
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 attachment with an address.											
SIGNATURE: BY: William 2/19/99 954-564-6550 SIGNATURE: Div Dujine Prince #											