2002-UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # M9600000045 1. Entity Name 04-01-2002 90046 029 ****50.00 MUVICO ENTERTAINMENT, L.L.C. Principal Place of Business Mailing Address 3101 N. FEDERAL HIGHWAY 3101 N. FEDERAL HIGHWAY SIXTH FLOOR SIXTH FLOOR FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0630866 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MELVIN, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 3101 N. FEDERAL HIGHWAY SUITE 602 FT. LAUDERDALE FL 33306 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Addition MGR Change TITLE □ Detete TITLE MUVICO THEATERS, INC. NAME NAME STREET ADDRESS STREET ADDRESS 3101 N. FEDERAL HIGHWAY, SIXTH FLOOR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33306 Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of these empowered the report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTE

954-564-6550

Davtime Phone #