

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90033 009 \*\*\*\*50.00

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M96000000045</b>                        |  |
| 1. Entity Name<br><b>MUVICO ENTERTAINMENT, L.L.C.</b> |                                                                                   |

|                                                                                                             |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3101 N. FEDERAL HIGHWAY<br/>SIXTH FLOOR<br/>FORT LAUDERDALE, FL 33306</b> | Mailing Address<br><b>3101 N. FEDERAL HIGHWAY<br/>SIXTH FLOOR<br/>FORT LAUDERDALE, FL 33306</b> |
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|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |



01042007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number<br><b>65-0630866</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

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| 6. Name and Address of Current Registered Agent                                                |  |
| <b>RAINBEAU, ALAN<br/>3101 N. FEDERAL HIGHWAY<br/>SIXTH FLOOR<br/>FT. LAUDERDALE, FL 33306</b> |  |

|                                                                                              |                             |
|----------------------------------------------------------------------------------------------|-----------------------------|
| 7. Name and Address of New Registered Agent                                                  |                             |
| Name<br><b>DONALD E. OLANDER</b>                                                             |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>3101 N. Federal Hwy., 6th Floor</b> |                             |
| City<br><b>Fort Lauderdale</b>                                                               | Zip Code<br><b>FL 33306</b> |

|                                                                                                                                                                                                                               |                     |
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| 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. I am familiar with, and accept the obligations of registered agent. |                     |
| SIGNATURE <i>Donald E. Olander</i>                                                                                                                                                                                            | DATE <b>1/25/07</b> |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                     |                     |

|                                                     |                                                              |
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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                                  | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MUVICO THEATERS, INC. <input type="checkbox"/> Delete<br>3101 N. FEDERAL HIGHWAY, SIXTH FLOOR<br>FT. LAUDERDALE, FL 33306 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                      |                                    |
| BY: <b>MUVICO THEATERS, INC., as Manager</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |                                    |
| <b>SIGNATURE: BY: <i>Michael F. Whalen, Jr.</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>DATE: 1/11/07</b> | <b>DAYTIME PHONE: 954-564-6550</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |  |                      |                                    |
| <b>MICHAEL F. WHALEN, JR., as President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                      |                                    |