## M910000000045

| (Requ                  | estor's Name)   |           |  |  |
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| PICK-UP                | WAIT            | MAIL      |  |  |
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|                        |                 |           |  |  |
| (Business Entity Name) |                 |           |  |  |
| •                      | ŕ               | ·         |  |  |
|                        |                 |           |  |  |
| . (Docu                | ment Number)    |           |  |  |
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| Certified Copies       | Codificatos     | of Status |  |  |
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Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

Office Use Only



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SECAL FACY OF STATE TALLAHASSEE FLORIDA

## **COVER LETTER**

| TO:  | Registration Section Division of Corporations  |           |  |             |                       |         |
|--|--|-----------|--|-------------|-----------------------|---------|
| SUBJI  | SUBJECT: Muvico Entertainment, L.L.C.  |           |  |             |                       |         |
|  | Name of Limited Liability Company  |           |  |             |                       |         |
| Dear S   | ir or Madam:   |           |  |             |                       |         |
| The en   | closed Registered Agent/Registered   | Office (  | Change ar  | nd fee(s)   | are submitted for t   | filing. |
| Please   | return all correspondence concerning   | g this ma | atter to th  | e follow    | ing:                  |         |
|  |  |           |  |             |                       |         |
|  | Mary Ann Majni   |           |  |             |                       |         |
|  | Name of Person   |           |  |             |                       |         |
|  | Muvico Theaters, Inc.  |           |  |             |                       |         |
|  | Firm/Company   |           |  |             |                       |         |
| 3101 North Federal Highway, 6th Fl                                 |  |           |  |             |                       |         |
|  | Address  |           |  |             |                       |         |
|  | Fort Lauderdale, FL 3330   | )6        |  |             |                       |         |
| City/State and Zip Code  |  |           |  |             |                       |         |
|  | maryann.majni@muvico.co  | m         |  |             |                       |         |
| E-mail address: (to be used for future annual report notification) |  |           |  |             |                       |         |
| For fu   | rther information concerning this man  | ter, plea | se call:   |             |                       |         |
|  | Mary Ann Majni   | at (      | 954  | )           | 564-6550 x 113        | 3       |
|  | Name of Person   | (_        |  | ea Code & I | Daytime Telephone Nun | ıber    |
|  | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building |           | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |             |                       |         |
|  | 2661 Executive Center Circle<br>Tallahassee, Florida 32301                             |           | Tallah   | nassee, Flo | orida 32314           |         |
| Enclosed is a check for the following amount:                      |  |           |  |             |                       |         |
|  | \$25 Filing Fee  |           | \$55 Filing Fee & Certified Copy   |             |                       |         |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Name of the limited liability company:M  | ne of the limited liability company: Muvico Entertainment, L.L.C.  |  |  |  |
|---|--|--|--|--|
| 2. (a) Principal office address of limited liability compan   | y: 3101 N. Federal Highway, 6th Floor  |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Fort Lauderdale, FL 33306  |  |  |  |
| (b) Mailing address of limited liability company:   | 3101 North Federal Highway, 6th Fig  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | Fort Lauderdale, FL 33306  |  |  |  |
| February 9, 1996  | M9600000045  |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on  | the records of the Florida Dept. of State:   |  |  |  |
| Registered Agent:   | Donald E. Olander  |  |  |  |
| Registered Office Address:  | 3101 North Federal Highway, 6th Flo Fort Lauderdale, FL 33306 & 9  |  |  |  |
| (b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>  | W Registered Office address  |  |  |  |
| NEW Registered Agent:   | Neil F. Bretan   |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 3101 North Federal Highway: 6th Flo  |  |  |  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member | Florida street address of the registered office  |  |  |  |
| Michael F. Whalen, Jr., as President Printed or typed name of signee  | 99<br>TAL  |  |  |  |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company   | agree to act in this capacity. I further agree to oper and complete performance of my atties, position as registered agent as provided for increase in the registered office by has been notified in writing of this change. |  |  |  |
| Signature of Registered Agent   |  |  |  |  |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  |  |  |  |  |