1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N18713

1. Corporation Name

	THE BRI	OGE THEATER, INC.				380881-90	30 - 50 "	
Principal Place of Business Mailing Address								
	2401 PINETBEE Miami-Beach I -US		P.O. BOX 38-1778 MIAMI FL 33238-1778					
	2. Principal Place of Business 21 555 (7 4 5 26 26 Suite, Apt. #, etc. 22 City & State 23 M / A M & B C A A , [-] 28				3. Date Incorporated or Qualifed 01/13/1987 4. FEI Number Applied For 59-2766173 Not Applicable			
1								Applicable
						5. Certificate of Status Desired		
Zip Country Zip 24 3 2 / 3 9 25 1) 5 A 29				Country 30		Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	•
ŀ	9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
ł		*		81	Name			
STEEL, JULIAN D. 752 86TH ST				82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
	MIAMI BCH FL 33141							
					City	-	L 85 Zip C	
	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
	SIGNATURE	, ,						
		Signature, typed or printed name of registered agent		•	nt signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTO	DS IN 12
	12.	2. Of fice to AND Diffe of Otto		13.	. <u> </u>	ADDITIONS/CHANGES TO OTH ICERS	☐ Change	Addition
	TITLE	PD .	☐ DELETE 1.1					
	NAME	OTELL, G. D.		1.2 NAME				
	STREET ADDRESS	702 00111 07			TADDRESS	• •		
	CITY-ST-ZIP			1.4 CITY-ST-ZIP			☐ Change	☐ Addition
	TITLE	TD	☐ DELETE	2.1 TITLE			LI Change	L] Addition
	NAME	GRAFTON, BRIAN		2.2 NAME			,	
	SHEET ADDRESS GOOD 1411 GO OF # 101				TADORESS		•	
_	CITY-ST-ZIP	2			ST-ZIP		Change	Addition
	TITLE 1	Vn	□ DELETE	3.1 TITLE		•		T Madegou

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

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DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TILE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ROTH, PETER

MISTRIL, MARTHA

MIAMI FL 33173

MIAMI FL

8300 NW 53RD STREET #401

9271 S.W. 76TH ST. C/O C.S.A. MARKETING

Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90130 050 ****61.25

Change

Change

☐ Change

Addition

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