

DOCUMENT # N93000002404	
1. Entity Name	
ENCORE THEATRE, INC.	

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90085 013 ****61.25

Principal Place of Business	Mailing Address
3413 S. OMAR AVE. TAMPA FL 33629	3413 S. OMAR AVE. TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3199205	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ANDREU, TIMOTHY A 100 S ASHLEY DR TAMPA FL 33602

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	ALDENE, GRETA
STREET ADDRESS	C/O 3413 S. OMAR AVE.
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> Delete
NAME	GRIFFIN, JUDITH
STREET ADDRESS	3301 BAYSHORE, UNIT 408
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	ANDREU, TIMOTHY
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 2900
CITY-ST-ZIP	TAMPA FL 33602
TITLE	<input type="checkbox"/> Delete
NAME	HOYT, PAT
STREET ADDRESS	3435 BAYSHORE SBLVD #1401
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, COLLEEN
STREET ADDRESS	528 BLAIN ST
CITY-ST-ZIP	SAVANNAH GA 31401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Signature of President* - President (1/10/2001) 839-0861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)