2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005751

Entity Name: MOSAIC THEATRE, INC.

SIMON, PAUL E DR

9999 COLLINS AVE 20K

BAL HARBOR, FL 33154

Name:

Address: City-St-Zip: FILED May 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12200 WEST BROWARD BLVD. BUIDING 3000, #3121 PLANTATION, FL 33325 **Current Mailing Address: New Mailing Address:** 12200 WEST BROWARD BLVD. BUILDING 3000, #3121 PLANTATION, FL 33325 FEI Number: 65-0870575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMON, RICHARD JAY SIMON, RICHARD JAY 8260 CLEARY BLVD #2611 8260 CLEARY BLVD #2611 PLANTAION, FL 33324 US PLANTATION, FL 33324 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: 05/12/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SIMON, RICHARD J Name: Name: Address: 8260 CLEARY BLVD. #2611 Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: Title: () Delete () Change () Addition GARFINKEL, LENNY DR Name: Name: Address: 3050 N 35TH ST Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition SMALL, JESSE Name: Name: 409 W HALLANDALE BCH BLVD Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition SIMON, SHERMAN Name: Name: Address: 9999 COLLINS AVE 20K Address: City-St-Zip: BAL HARBOR, FL 33154 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD JAY SIMON ED 05/12/2004