2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005751

Entity Name: MOSAIC THEATRE, INC.

FILED Jun 16, 2009 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 () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMON, RICHARD JAY SIMON, RICHARD JAY 8260 CLEARY BLVD #2611 131 NW 117TH TERRACE PLANTATION, FL 33324 US PLANTATION, FL 33325 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: RICHARD SIMON 06/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SIMON, RICHARD J Name: Name: 8260 CLEARY BLVD. #2611 Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: () Delete Title: () Change () Addition GORDON, MITCHELL Name: Name: Address: 3330 DOCKSIDE DRIVE Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: Title: () Delete Title: () Change () Addition BERGER, JERRY Name: Name: 60 EDGEWATER DRIVE #12K Address: Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SIMON, PAUL E DR Name: Address: 9999 COLLINS AVE 20K Address: City-St-Zip: BAL HARBOR, FL 33154 City-St-Zip: Title: () Delete Title: (X) Change () Addition MILLS, LARRY LEVY, MYRON Name: Name: 5045 NW 95 DRIVE 1361 NW 105 AVE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: PLANTATION, FL 33322 Title: () Delete Title: () Change (X) Addition AVERY, DEVIN Name: Name: Address: Address: 115 S. ANDREWS AVE. A-540 FT. LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: RICHARD SIMON ED 06/16/2009