2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM DOCUMENT # P0000081792 1. Entity Name **Secretary of State** TAFT-HOLLYWOOD CINEMA 12, INC. Principal Place of Business Mailing Address C/O THE MILHOUSE GROUP C/O THE MILHOUSE GROUP 6981 TAFT ST 6981 TAFT ST HOLLYWOOD FLHOLLYWOOD FL 33024 33024 2. Principal Place of Business 3. Mailing Address 7001 TAFT STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HOLLYWOOD 65-1036165 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33024 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVE C/O THE MILHOUSE GROUP Street Address (P.O. Box Number is Not Acceptable) 6981 TAFT ST HOLLYWOOD FL33024 US City 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 04/26/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Addition SHIN MAME STEVEN NAME 6981 TAFT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP PVST ☐ Delete TITLE ☐ Change NAME SHIN STEVEN NAME STREET ADDRESS 6981 TAFT ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/26/2001

Daytime Phone #

Date

SIGNATURE: __Steven J. Shin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)