


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000103450 1. Entity Name TAVERNIER TOWNE CINEMAS INC.	
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Principal Place of Business 91264 OVERSEAS HIGHWAY TAVERNIER, FL 33070	Mailing Address 91264 OVERSEAS HIGHWAY TAVERNIER, FL 33070
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04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1052467	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NEKHAILA, SAM 91264 OVERSEAS HIGHWAY TAVERNIER, FL 33070
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEKHAILA, SAM 125 MILANO DR. ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEKHAILA, AYMAN 18 MARINA AVE. KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEKHAILA, DOROTHY 125 MILANO DR. ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEKHAILA, HEBA 180 MARINA AVE. KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000349229  
05/02/05-80057-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: Heba Nekhaila 4-26-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #