

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000013553

Entity Name: CINEMA PLUS INC.

**FILED**  
**Nov 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

174 MIRACLE STRIP PARKWAY  
FT. WALTON, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 745  
FT. WALTON BEACH, FL 325490745

**New Mailing Address:**

FEI Number: 59-3697550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIRLEY, LEON T  
687 RANDALL ROBERTS ROAD  
FT. WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OUTZEN, TRACY S  
Address: 289 STAHLMAN AVE  
City-St-Zip: DESTIN, FL 32541

Title: D  
Name: STONE, NANCY H  
Address: 635 OVERBROOK DR  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D  
Name: SHIRLEY, ROBERT  
Address: 3806 INDIAN TR.  
City-St-Zip: DESTIN, FL 32541

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY S OUTZEN

D

11/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date