2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040755

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Nan	ne: BMC PGA	CINEMA 6, INC.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
4076 PGA I PALM BEA	BLVD CH GARDENS	S, FL 33410					
Current Mailing Address:			New Mailing Address:				
4076 PGA BLVD. PALM BEACH GARDENS, FL 33410			4076 PGA BLVD PALM BEACH GARDENS, FL 33410				
FEI Number:	65-1096726	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desire	d ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	ND ISLE WAY	S, FL 334184581 US					
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of changing	its registered of	office or registered agent,	or both,	
SIGNATUR							
Election Cam		ic Signature of Registered Ago Trust Fund Contribution ().	∍nt		Date		
OFFICERS	AND DIRECT	rors:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address:	D () HOCHSTEIN, MI	Delete	Title: Name:	D (X	() Change () Addition		
City-St-Zip:	9930 ALTERNAT PALM BEACH G		Address: City-St-Zip:	HOCHSTEIN, N 4076 PGA BL\ PALM BEACH	/ICHAEL		
	D () DJIJI, CARMI 9930 ALTERNA	TE A1A ARDENS, FL 33410 Delete	Address:	4076 PGA BLN PALM BEACH D (X DJIJI, CARMI 4076 PGA BLN	MICHAEL /D. GARDENS, FL 33410 () Change () Addition		

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL HOCHSTEIN **PRES** 04/30/2009

() Delete

NEW HYDE PARK, NY 11040

SLONIN, AARON

202 ATLANTIC AVE

() Change () Addition