


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90154 008 ***150.00

DOCUMENT # P01000095174 1. Entity Name CINEMA CONSULTING SERVICES, INC.					
Principal Place of Business 23 SEA LORE LANE KEY WEST, FL 33040			Mailing Address 23 SEA LORE LANE KEY WEST, FL 33040		
2. Principal Place of Business 210 Broadway		3. Mailing Address 210 Broadway		<div style="font-size: 24px; font-weight: bold;">20030043</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03292005 Chg-P CR2E034 (10/03) </div>	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203			
City & State Lynnfield MA		City & State Lynnfield MA			
Zip 01940		Country USA		4. FEI Number 58-2661549	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CROWLEY, JOHN J JR 23 SEA LORE LANE KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Crowley, John J Jr Street Address (P.O. Box Number is Not Acceptable) 300 South Pointe Drive Apt 2502 City Miami Beach FL Zip Code 33139	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE P NAME CROWLEY, JOHN J STREET ADDRESS 23 SEA LORE LANE CITY-ST-ZIP KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE P NAME Crowley, John J JR STREET ADDRESS 300 South Pointe Drive Apt 2502 CITY-ST-ZIP Miami Beach FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME FLYNN, DANIEL J STREET ADDRESS 28 HIGH RIDGE RD CITY-ST-ZIP BOXFORD, MA 01921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WENGER, PAUL STREET ADDRESS 11836 GONTRUM RD CITY-ST-ZIP KINGSVILLE, MD 21087	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #