

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90484 042 ***150.00

DOCUMENT # P01000099145																
1. Entity Name NOBLE THEATERS, INC.																
Principal Place of Business 5821 LAKE WORTH RD. GREENACRES, FL 33463	Mailing Address 5821 LAKE WORTH RD. GREENACRES, FL 33463															
DO NOT WRITE IN THIS SPACE																
<p>6. Name and Address of Current Registered Agent</p> <p>SIDEL, PETER S 5821-C LAKE WORTH RD. GREENACRES, FL 33463</p>																
<p>7. 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.</p> <p>SIGNATURE _____</p> <p>(Signature, typed or printed name of registered agent and title if applicable.)</p> <p>(NOTE: Registered Agent signature required when reinstating)</p> <p>DATE _____</p>																
<p>8. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>																
<p>10. OFFICERS AND DIRECTORS</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PD HART, JOEL B 5821 LAKE WORTH RD. GREENACRES, FL 33463</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>STD HART, NANCY C 5821 LAKE WORTH RD. GREENACRES, FL 33463</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>D FORBERGER, PAUL 5821 LAKE WORTH RD. GREENACRES, FL 33463</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, JOEL B 5821 LAKE WORTH RD. GREENACRES, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HART, NANCY C 5821 LAKE WORTH RD. GREENACRES, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBERGER, PAUL 5821 LAKE WORTH RD. GREENACRES, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, JOEL B 5821 LAKE WORTH RD. GREENACRES, FL 33463															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HART, NANCY C 5821 LAKE WORTH RD. GREENACRES, FL 33463															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBERGER, PAUL 5821 LAKE WORTH RD. GREENACRES, FL 33463															
TITLE NAME STREET ADDRESS CITY-ST-ZIP																
TITLE NAME STREET ADDRESS CITY-ST-ZIP																
TITLE NAME STREET ADDRESS CITY-ST-ZIP																
TITLE NAME STREET ADDRESS CITY-ST-ZIP																



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1148431	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**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 _____

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, JOEL B 5821 LAKE WORTH RD. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HART, NANCY C 5821 LAKE WORTH RD. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBERGER, PAUL 5821 LAKE WORTH RD. GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Paul Forberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 561 966 0070

Date

Daytime Phone #