
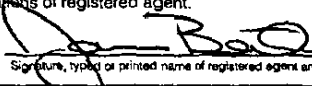


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90129 044 \*\*\*550.00

<b>DOCUMENT #</b> P02000033004			
<b>1. Entity Name</b> CINEMA DESIGNS, INC.			
<b>Principal Place of Business</b> 108 FOREST PARK CT RD LONGWOOD FL 32779		<b>Mailing Address</b> 108 FOREST PARK CT RD LONGWOOD FL 32779	
<b>2. Principal Place of Business</b> 1200 CENTRAL PARK DR Suite, Apt. #, etc. Sanford Florida City & State		<b>3. Mailing Address</b> 1200 CENTRAL PARK DR Suite, Apt. #, etc. Sanford FLA City & State	
<b>Zip</b> 32771	<b>Country</b> USA	<b>Zip</b> 32771	<b>Country</b> USA
<b>4. FEI Number</b> 04-3622003		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BETHUNE, JAMES E 108 FOREST PARK CT RD LONGWOOD FL 32779		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE  Director DATE 7/11/03 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BETHUNE, JAMES E 108 FOREST PARK CT RD LONGWOOD FL 32779 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BETHUNE, MYRA W 108 FOREST PARK CT RD LONGWOOD FL 32779 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> JASON BETHUNE 934 HANOVER AVE WINTER PARK FL 32789 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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☐ CHECK HERE IF MAKING CHANGES

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03

Date

Daytime Phone #

CR2E034 (4/03)