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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only

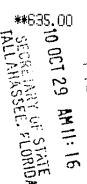


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REINSTATEMENT 10

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COVER LETTER

RECEIVED 10 OCT 29 AH IO: 30

TO:

Amendment Section Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| SUBJECT: | POMPANO BEACH MUS | C CINEMA, INC. |
|---------------------|--|---|
| 30 B0EC 1 | Name of Corp | oration |
| DOCUMENT N | UMBER: P0200 | 0050083 |
| The enclosed Stat | tement of Change of Registered Office/A | gent and fee are submitted for filing. |
| Please return all c | correspondence concerning this matter to | |
| | JOHN KUE | JTATION, INC. pany LVD, SUITE 202 |
| | Name of Conta | ct Person |
| | PINNACLE COMPL | JTATION, INC. |
| | Firm/Com | pany |
| | 2641 E. ATLANTIC B | LVD, SUITE 202 |
| | Addres | s · |
| ۳ | POMPANO BEAC City/State and | ZH, FL 33062 Zip Code |
| | jkub@gate | |
| | E-mail address: (to be used for fut | ire annual report notification) |
| For further inforr | nation concerning this matter, please cal | l: |
| <u>_</u> | JOHN KUBINEC | at (718) 915-0667 Area Code & Daytime Telephone Number |
| 19 | ane of Contact Person | Area Code & Daytine Telephone Number |
| Enclosed is a \$35 | 5.00 check made payable to the Departm | ent of State. |
| | Mailing Address: | Street Address: Amendment Section |
| | Amendment Section Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | | Tallahassee, FL 32301 |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| _ | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA |
|--|--|
| | r to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of t | he corporation: POMPANO BEACH MUSIC CINEMA, INC. |
| 2. The principal | office address: 3251 NORTH FEDERAL HIGHWAY |
| | POMPANO BEACH FL 33064 |
| 3. The mailing a | ddress (if different): |
| 4. Date of incorp | poration/qualification: 05/07/2002 Document number: P02000050083 |
| | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | RESIGNED FREE S. T. |
| | |
| | |
| 6. The name and (if changed): | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) RESIGNED Street address of the new registered agent (if changed) and /or registered office |
| | PINNACLE COMPUATION, INC. |
| | 2641 E. ATLANTIC BLVD, SUITE 202 |
| | P.O. Box NOT acceptable POMPANO BEACH, FL 33062 |
| 701 | |
| - | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change. |
| //// Signatur | MARIE FRONTERA Printed or typed name and title |
| I further agree i of my duties, an document is hei | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this of filed merely to reflect a change in the registered office address, I hereby confirm that the office been notified in writing of this change. |
| Sig | OCTOBER 27, 2010 Date |
| If signing on be | half of an entity: |
| | YPER OF Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *