## ,2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2008 08:00 A **DOCUMENT # P03000011536 Secretary of State** 1. Entity Name DIGITAL CINEMA, INC. Principal Place of Business Mailing Address 15954 NW 82ND. COURT 15954 NW 82ND, COURT MIAMI LAKES, FL 33016 US MIAMI LAKES, FL 33016 alikanda Sarah dalah dalah dalah dalah dalah dari barasa dalah dalah dalah dalah dalah dalah dalah dalah dalah No Chg-P CR2E034 (11/05) 03032008 Applied For 4. FEI Number 05-0551925 Not Applicable 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Al-Amerika Mariam dan Malay bahas dalah bahasa PEREA, LUIS J 15954 NW 82 ND. COURT MIAMI LAKES, FL 33016 IN THIS SPACE Principal and the continue to the party of the continue of the 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 1595 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees MAfter May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Nell altre and the secretaries are altreducing a decrease filled against a large TITLE B. Allender because the second of the second PEREA, LUIS J NAME ...U000000849323 15954 NW 82 ND. COURT STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP A Solar dayahayliyi ilkayi dayada daya JITLE Tek Graff in the college his estant, describe manife STREET ADDRESS ODO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY<sub>7</sub> ST-ZIP er tekneler en ette om er hande, der eller hallen han er det en de kallen hande en eller ble en en en en en el TITLE NAME All the second makes what produced in the second principles of the second STREET ADDRESS THE STATE OF THE STATE OF THE PARTY OF THE STATE OF THE S CITY-ST-ZIP NAME A SECTION 4. 4. 24064 - 4 STREET ADDRESS \_ĆſŢY\_ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 a 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** 

Luis J. YEREA

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3-3-08

(305) 308-6313

Daytime Phone #