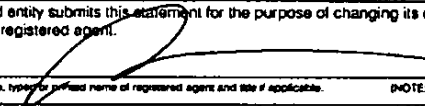
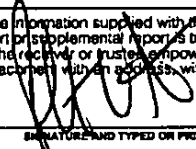


FILED
Aug 09, 2006 8:00 am
Secretary of State

07-11-2006 90023 036 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000039659			
1. Entity Name CHANNELSIDE CINEMAS, INC.			
Principal Place of Business 100 VILLAGE SQUARE CROSSING SUITE 103 PALM BEACH GARDENS, FL 33410 US		Mailing Address 100 VILLAGE SQUARE CROSSING SUITE 103 PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business 371 Channelside Walkway Suite, Apt. #, etc. 504 City & State Tampa, FL Zip 33602 Country USA		3. Mailing Address PO Box 13137 Suite, Apt. #, etc. City & State Tampa, FL Zip 33681 Country USA	
4. FEI Number 20-2553863		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FORM-A-CORP, INC. 100 VILLAGE SQUARE CROSSING SUITE 103 PALM BEACH GARDENS, FL 33410	
7. Name and Address of New Registered Agent Name Joseph C. Russo, Esq. Street Address (P.O. Box Number is Not Acceptable) 3708 West Euclid Ave City Tampa FL Zip Code 33629		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  DATE 7/6/06 Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP MINUSKIN, GONEN 5 TIMBER RIDGE DRIVE LAUREL HOLLOW, NY 11771		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP EDELMA, HOWARD 5 TIMBER RIDGE DRIVE LAUREL HOLLOW, NY 11771		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP/SIT Vasaturo, Robert 371 Channelside Walkway #504 Tampa, FL 33602 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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 secretary or treasurer 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:  Robert Vasaturo		Date 7-6-06 Daytime Phone #	