

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90026 013 \*\*\*150.00

**DOCUMENT # P05000039659**

1. Entity Name  
**CHANNELSIDE CINEMAS, INC.**



Principal Place of Business  
**371 CHANNELSIDE WALKWAY  
504  
TAMPA, FL 33602 US**

Mailing Address  
**PO BOX 13137  
TAMPA, FL 33681 US**

**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

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**

**RUSO, JOSEPH C ESQ  
3708 WEST EUCLID AVE  
TAMPA, FL 33629**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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	DP EDELMAN, HOWARD 5 TIMBER RIDGE DRIVE LAUREL HOLLOW, NY 11771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST VASATURA, ROBERT 371 CHANNELSIDE WALKWAY #504 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Vasatura*  
**Robert Vasatura**

*4/4/07*  
Date

*813-957-5336*  
Daytime Phone #