
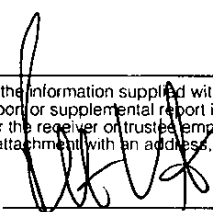


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90142 015 ***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		
2. Principal Place of Business - No P.O. Box # 615 Channelside Drive		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa FL.		City & State		4. FEI Number 20-2553863	
Zip 33602		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSO, JOSEPH C ESQ 3708 WEST EUCLID AVE TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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	D Minuskin, Gonen 25510 Prado De Azul Calabasas, CA 91302	
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	D/P Edelman, Howard 53 Hamlet Drive Commack, NY 11725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST VASATURA, ROBERT 371 CHANNELSIDE WALKWAY #504 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Vasatura, Robert 371 Channelside Walkway #504 Tampa FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			Robert Vasatura, President 4/23/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 813-457-5336 Daytime Phone #		