2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State 02-21-2006 90028 044 ***158.75

DOCUMENT # P08767 1. Entity Name NATIONAL CINEMA SUPPLY CORPORATION							02-21-2000	90028 044	1.3	6.73	
• •	***	• .									
Principal Place of Business			Mailing Address				in the market				
14499 N DALE MABRY			14499 N DALE MABRY Suite 201			and the state of					
SUITE 201 TAMPA, FL 33618 US			TAMPA, FL 33618 US								
Tribility IL O	JQ10 U	•	17441 N, 12 33010	03							
2. Principal Pl	ace of Busin	ess	3. Mailing Address								
540 Be	n iam	in Center Dr	5910 Benjam	in Cen	ter or.	110811081 (11	4040 (30) (60)	BION OISH EIDH EIBH	Ereti Etelli	u :	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072006	Chg-P	CR2E034 (1	1/05)		
Suite 100			Suite 100				<u> </u>				
City & State			City & State Tanon Florida			1	4. FEI Number Applied For Not Applied by Not Applied Por				
Jampa F		Orida Country	Tampa	Country		00-100	06-1007375		\$9.75		
3563	4	VSA	33634		54	5. Certificate	of Status Desired		Required		
		and Address of Current	Registered Agent	- 1	- · · · · · · · · · · · · · · · · · · ·	7. Name and	Address of New R	egistered Agen	t .		
					Name						
RUSH, BRIAN P						not Address (P.O. Roy Number is Not Acceptable)					
3411 WEST FLETCHER AVENUE SUITE B					Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33618											
.,				City				— 1	ip Code		
	400-4400				O.,,			FL ²	-ip 0000		
			r the purpose of changing	its registered	office or regi	stered agent, or bo	th, in the State of Flo	orida. I am famili	ar with, a	and accept	
the obligati	ions of regis	tered agent.									
SIGNATURE_										/	
	Signature, typed	or printed name of registered agent	and title if applicable. (N	OTE: Registered A	lgent signature req	uired when reinstating)		DATE			
		FEE IS \$150.00 6 Fee will be \$550.	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	·				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIR	ECTORS	IN 11	
TITLE	DC		- Delete	TITLE				₽	Change	Addition	
NAME	MILLER, DANIEL P 14499 N. DALE MABRY STE. 201 STREET					110 Benjar	nin Center	Dr. Ste	ממו		
STREET ADDRESS CITY-ST-ZIP		DALE MABRY \$1E. 20 FL 33618			T-ZIP 7	ampa. H	33634	, , , ,	.,.,		
TITLE	STD	2 00010	☐ Delete	TITLE	-	,	33634.		Change	Addition	
NAME	MILLER,	MARY E	□ beiete	NAME				_	-		
STREET ADDRESS			s		ADDRESS >	DRESS 51/0 Binjamin Center Dr., Ste 100 Tampa F1 33634				0	
CITY-ST-ZIP	TAMPA, FL 33618			CITY-S	IZIP Tampa F1 33634						
TITLE	PD		☐ Delete	TITLE		•		DD.	Charan	☐ Addition	
NAME	BAILEY,			NAME	5	910 Benia	min Center	Dr. Ste	IDA		
STREET ADDRESS		DALE MABRY		-	MUUNCAA [~		- 7 -	, - •	}	
CITY-ST-ZIP		FL 33618		CITY-S	1-ZIP / /	ampo H	33637				
TIFLE	CFOV	UNIOTHT I	☐ Delete	TITLE		a.a. 0	min centur 1 33634	<u> </u>	Change	Addition	
NAME STREET ADDRESS		/INCENT J DALE MABRY STE 201	1	NAME	ADDRESS 5'	918 Benja	min centu	۶۴ ر ۵۸ °	R 100	1	
CITY-ST-ZIP		FL 33618	•	CITY-S	T-ZIP	ampe FI	33634				
TITLE			☐ Delete	TITLE	-				Change	Addition	
NAME			La Delote	NAME					onengo	CD - 100 (101)	
STREET ADDRESS				STREET	ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE			. Delete	TITLE					Change	Addition	
NAME				NAME]	
STREET ADDRESS		•		•	ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						
12. I hereby indicated	certify that the	ne information supplied with	n this filing does not qualify s true and accurate and this owered to execute this rep with all other like empower	y for the exen at my signatu ort as require	nptions contains shall have to the contains and the conta	ined in Chapter 11: the same legal effer 607. Florida Statut	9, Florida Statutes. I ct as if made under e es: and that my name	further certify the cath; that I am a lead to Plo	nat the in n officer o	formation or director Block 11 if	
changed	, or on an at	achment with an address.					os, and matriy dam	о арреша пток	on id of	SJOCK HIII	
01011-	TIPE-	Ulmit	Hauso V	Meend	LJP	AUNE		813-96	2-2	772	
SIGNAT	UKE:	SIGNATURE AND TYPES OF	PRINTED NAME OF SIGNING OFFIC	•			Date		Phone #		