

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					
Principal Place of Business 14499 N DALE MABRY SUITE 201 TAMPA, FL 33618 US			Mailing Address 14499 N DALE MABRY SUITE 201 TAMPA, FL 33618 US		
2. Principal Place of Business 5910 Benjamin Center Dr Suite, Apt. #, etc. Suite 100 Tampa Florida Zip 33634 Country USA		3. Mailing Address 5910 Benjamin Center Dr. Suite, Apt. #, etc. Suite 100 Tampa Florida Zip 33634 Country USA			
4. FEI Number 06-1007375		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02072006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent RUSH, BRIAN P 3411 WEST FLETCHER AVENUE SUITE B TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2006 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	DC MILLER, DANIEL P 14499 N. DALE MABRY STE. 201 TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5910 Benjamin Center Dr., Ste 100 Tampa, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, MARY E 14499 N. DALE MABRY STE 201 TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5910 Benjamin Center Dr., Ste 100 Tampa FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, BARNEY 14499 N DALE MABRY TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5910 Benjamin Center Dr., Ste 100 Tampa FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV PAYNE, VINCENT J 14499 N. DALE MABRY STE 201 TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5910 Benjamin center Dr., Ste 100 Tampa FL 33634	
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:			Vincent J Payne		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/3-962-2772 Daytime Phone #		