2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008
Secretary of State

DOCUMENT# P08767

Entity Name: NATIONAL CINEMA SUPPLY CORPORATION

Current Principal Place of Business:

5910 BENJAMIN CTR DR
SUITE 100
TAMPA, FL 33618 US

New Principal Place of Business:

5910 BENJAMIN CTR DR
SUITE 100
TAMPA, FL 33634 US

Current Mailing Address:

5910 BENJAMIN CTR DR
SUITE 100
TAMPA, FL 33618 US

New Mailing Address:

5910 BENJAMIN CTR DR
SUITE 100
TAMPA, FL 33634 US

FEI Number: 06-1007375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUSH, BRIAN P
3411 WEST FLETCHER AVENUE
SUITE B
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: MILLER, DANIEL P
Address: 5910 BENJAMIN CTR DR STE 100
City-St-Zip: TAMPA, FL 33634 US

Title: STD ( ) Delete
Name: MILLER, MARY E
Address: 5910 BEJAMIN CTR DR STE100
City-St-Zip: TAMPA, FL 33634 US

Title: PD ( ) Delete
Name: BAILEY, BARNEY H
Address: 5910 BENJAMIN CTR DR STE 100
City-St-Zip: TAMPA, FL 33634 US

Title: CFOV (X) Delete
Name: SHERRILL, STEPHEN H
Address: 5910 BENJAMIN CTR DR STE 100
City-St-Zip: TAMPA, FL 33634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARNEY H BAILEY PD 06/30/2008

Electronic Signature of Signing Officer or Director Date